



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 5 December 2019



Rosemount Care Centre

Type of Service: Nursing Home
Address: 2 Moy Road, Portadown BT62 1QL
Tel no: 02838331311
Inspector: John McAuley

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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 41 patients within the categories of care detailed in its certificate of registration and 3.0 of this report. The home also shares the same site with a registered residential care home.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Philip Scott	Registered Manager and date registered: Patricia Purvis 8 November 2019
Person in charge at the time of inspection: Patricia Purvis	Number of registered places: 41 comprising: 19 NH – I 22 NH – DE
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 40

4.0 Inspection summary

An unannounced inspection took place on 5 December 2019 from 10.00 hours to 14.30 hours.

The inspection assessed progress with the one area of 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 the teamwork between staff, their approach to patients in an individualised, unhurried manner and the positive impact of interventions from staff with patients in areas such as attending to personal care. Good practice was also found in relation to the environment, in terms of its upkeep, its décor and furnishings and the overall comfort for patients. Patients were seen to be treated as individuals and care was delivered in a person centred basis.

No areas requiring improvement were identified during this inspection.

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

Comments received from patients, people who visit them 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 patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patricia Purvis, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 4 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 March 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, registration information, and any other written or verbal information received, such as notifiable report.

During our inspection we:

- where possible, speak with patients, 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 patients 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.

The following records were examined during the inspection:

- duty rota for all staff records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff member's recruitment and induction files
- two patient care records
- a sample of governance audits and records
- complaints record
- compliments received
- a sample of reports of visits on the behalf of the registered provider
- RQIA registration certificate

The one area of improvement identified at the last inspection was reviewed and the assessment of compliance was recorded as either 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 previous inspection

Areas for improvement from the last care inspection dated 4 March 2019		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) and (b) Stated: Second time To be completed by: 31 March 2019.	The registered person shall ensure that repositioning charts accurately reflect the delivery of care prescribed in patients' care plans.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of one of these charts confirmed it accurately reflected the directions in the care plans. Added assurance of this was recorded in the daily handover report records.	

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection patients advised that they felt safe in the home and that they were well cared for. Patients also advised that staff attended to their needs in a caring and kind manner. The atmosphere in the home was considered warm and calm with staff assisting and conversing with patients in a friendly and respectful manner.

Staffing and recruitment

General observations of care practices found that there was sufficient staff to meet the needs of the patients. This was reflected in the duty rota. The duty rota identified the person in charge in the absence of the manager.

The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staff numbers would be adjusted when needed. No concerns were raised by patients or staff regarding staffing levels in the home.

Ancillary staff were in place to support roles with catering, housekeeping and laundry.

Staff were keen to express how they all worked well as a team, regardless of roles. Evidence of this was available from general observations of care practices and how staff interacted and supported each other for the benefit of patients.

A competency and capability assessment was in place for any member of staff in charge of the home in the manager's absence. An inspection of a sample of one of these assessments found this to be appropriately in place.

An inspection of a recently recruited staff member's file was undertaken. This was confirmed to be in accordance with regulations and standards.

Staff advised that they completed an induction relevant to their roles and responsibilities. A sample of a record of induction was inspected and was appropriately in place.

The manager explained that nursing and care staff were registered with the Nursing and Midwifery Council (NMC) and/or the Northern Ireland Social Care Council (NISCC) and those registrations were audited on a monthly basis. An inspection of these records confirmed that this was the case.

Staff supervision, appraisal and training

Discussion with the staff confirmed that they felt supported in their roles. Staff stated that they could approach the manager at any time and any issues would be managed in a professional manner.

The manager had a system in place for managing staff supervision and appraisal in accordance with the requirements.

Inspection of staff training records found that mandatory requirements and additional training areas were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required. This is good practice.

Safeguarding residents from harm

Staff shared a good knowledge of reporting mechanisms for raising concerns within the home. Staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse, even if the manager was not working in the home. They advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and these contacts details were readily available.

The manager was able to describe how safeguarding referrals would be made to the trust and who to contact. Staff training in adult safeguarding was included within mandatory training records. An inspection of these records confirmed staff training in this area was maintained in an up-to-date basis.

Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal lounges were pleasantly furnished with comfortable seating. Patients' bedrooms were well equipped and personalised. Bathrooms and toilet facilities were clean and hygienic. Infection prevention and control aids and equipment were readily accessible.

Fire safety

The home's most recent fire safety risk assessment was dated 21 August 2019. An inspection of this assessment confirmed that there was recorded evidence in place in response to the four recommendations made.

Staff fire safety training was maintained on an up-to-date basis. Fire safety drills were not fully up-to-date for all staff but the manager was aware of this deficit and had active plans in place to address same.

An inspection of fire safety records confirmed that regular checks were completed in relation to emergency lighting, fire alarms and fire doors.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, supervision, adult safeguarding and upkeep of the environment.

Areas for improvement

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

	Regulations	Standards
Total number 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.

General observations of care practices evidenced patients were getting the right care and that the staff responded to patients in a kind, caring manner. Staff advised that there was good communication and teamwork between staff members for the benefit of patients.

Care records

A sample of two patients' care records was undertaken. These records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of assessments, care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were reflective of the needs of the patients and updated to reflect recommendations from the multi-disciplinary team and current guidance.

There was evidence that patients and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of participation in this process were included in the care records.

An inspection of the progress records confirmed that there was a recorded effect of care and treatment provided in the home.

Staff communication and teamwork

The staff confirmed that there was good communication and team work in the home. The staff reported that they all work together for the benefit of the patients. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings.

The staff advised that during the staff handovers any concerns or information is passed on in relation to the care and treatment of patients. At handovers staff also agree the delegated duties for the provision of care for each patient.

Effectiveness of care

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, patients' comfort and social needs were facilitated by individual choice and wishes.

Patients were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to describe how the individual needs of patients would be met in the home.

Interactions between the staff and patients were warm, friendly and supportive.

Human rights considerations

A key pad locking system is used in the home for the safety of the patients in regard to their assessed need with orientation with dementia. The appearance and status of this is unobtrusive in that the environment does not give the appearance of being a “locked unit”. This provision has been suitably assessed and documented in individual patient’s care records.

Patients’ possessions were facilitated in their own rooms with provision of a lockable storage to add protection. Photographs and personal memorabilia were nicely displayed and encouraged.

Patients were treated with respect, kindness and individuality by all members of staff on duty. For example, staff spent time with their duties in nice conversation with patients. .

Care records inspected identified areas of spiritual care as a need and some patients through choice had religious memorabilia displayed in their personal bedrooms.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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.

Observations throughout the inspection confirmed that patients were treated with dignity and respect.

Compassionate care

Patients could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment.

Observations of staff during the inspection found that they were reassuring to patients and acted in a caring manner. Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents’ meals and snacks.

Photographs were displayed of activities and events held in the home showing patient participation. The genre of the television programmes and choice of music was appropriate to the age group and taste of patients. Patients’ bedrooms were personalised to a good effect in that it added to their comfort, make-up and individuality.

Patients' views

Discussions with patients in accordance with their capabilities was all positive in respect of their life in the home, their relationship with staff, the provision of meals and the general atmosphere in the home. Approximately 20 patients were met during this inspection. Some comments made by patients included:

- "It's a great home. they are all great and very good to you"
- "I knew of this home before I came here and I made the right choice"
- "Everything is very good here. The staff are lovely"
- "I couldn't find anything to fault. It is a lovely place"
- "The staff are wonderful. I can't praise them enough"
- "It's very good here"
- "I am very happy"
- "It's a very nice place. Believe you me I'd shout plenty if there was anything wrong"
- "The staff are lovely and kind".

For those patients who could not clearly articulate their views, through body language and non-verbal cues they were able to indicate positive feedback on their life in the home.

Relative's views

One visiting relative voiced praise and gratitude towards the kindness and support received from staff and was very happy with the care provided.

A return of a relative's questionnaire indicated that they were very satisfied with the care in the home with additional comment:

- "Very pleased with facilities. There are lots of activities and events with a dedicated activities team. Staff are very friendly and approachable...."

Dining experience

The dining rooms were spacious and suitably facilitated with tables nicely set with choice of condiments. The lunchtime meal was appetising, wholesome and nutritional, with provision of choice in place. Staff attended to patients' needs in a caring, unhurried manner. A nice ambience was in place for patients to enjoy their meal. Feedback from patients throughout this inspection on the provision of meals was all positive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from patients, one visiting relative and general observations of care practices.

Areas for improvement

No areas for improvement were identified during the inspection in relation to 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.

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable.

Management and governance arrangements

The manager retains oversight of the home, supported by a deputy manager and two nursing sisters. The manager confirmed that she undertakes a daily walk around and listens to staff handovers to ensure she is aware of what is going on in the home.

A visit by the registered provider's representative was undertaken and the reports of the last two months were inspected. These reports found evidence to support good governance. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

The regional manager for the organisation is based in an office in the home, which gives an added assurance of governance. The regional manager was available throughout this inspection including the feedback of inspection findings.

A comprehensive range of audits were in place. These included audits pertaining to skin integrity/wound care, weight loss/gain, air mattresses, restraint and infection prevention and control. An inspection of these audits found evidence of managerial oversight and governance, added with a corresponding action plan in place to address any issues found.

Management of accidents/incidents

An inspection of accidents and incident reports since April 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Management of complaints/compliments

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction or complaint were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome.

Records of compliments were retained in the home and shared with staff in the home.

Staff views

Staff, including nursing staff, spoke positively about their roles, duties, teamwork, support and morale. Staff praised the manager and her knowledge of patients' needs and associated support with ensuring sufficient staffing levels were in place.

Comments received from staff included the following statements;

- "It's a lovely place to work. The care is so good. If your mother or father needed to come into a home, they'd be lucky to come to this one."
- "Since Patricia (the manager) came, she has made great changes, such as increasing the staffing, which was greatly welcomed. She really is great support. I love it here."

Added to this it was observed that staff members worked well together as a team. There was found to be good communication between one and another and relaxed unhurried cohesiveness between team members.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care