



Unannounced Care Inspection Report

11 March 2021



Rosemount Care Centre

Type of Service: Nursing Home (NH)
Address: 2 Moy Road, Portadown, BT62 1QL
Tel No: 028 3833 1311
Inspector: Heather Sleator

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 nursing home registered to provide nursing care for up to 41 persons.

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 A maximum of 19 patients in category NH-I accommodated in the Jasmine Unit and a maximum of 22 patients in category NH-DE accommodated in the Sunflower Unit.
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 11 March 2021 from 09.20 to 16.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

An area for improvement was identified regarding the need for diligence and accuracy when prescribing patient care regarding responding to behaviours and the use of equipment which may be perceived as a potential restrictive practice.

Patients said that they felt they were well cared for by staff and commented, "It's grand here."

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	1

Areas for improvement and 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed

The following records were examined during the inspection:

- staff duty rotas from 1 to 11 March 2021
- three staff competency and capability assessments
- five patients' care records
- complaint records
- compliment records
- staff training information including induction training

- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

The most recent inspection of the home was an unannounced care inspection undertaken on 5 March 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's a lovely home, spotless and good teamwork."
- "I love it here, everyone looks out for each other"

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

We reviewed the minutes of staff meetings which evidenced that the last staff meeting held was in February 2021. In discussion with the manager stated that due to the pandemic staff meetings had been unit based as opposed to the larger general staff meetings and a number of ad-hoc meetings had been held as the need arose. In discussion with staff it was stated that communication in the home was good and care staff spoken with confirmed that they receive a handover report before they commence duty.

Discussion with the manager and a review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records, including those of agency staff, were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and if that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented, "We do all our training online, plenty of PPE and cleaning materials and think our prevention measures are good."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "We did infection training online, getting swabbed weekly gives you reassurance."

Visiting arrangements were pre-arranged with staff and a lounge area in the entrance foyer has been designated solely for visiting. The location of the visitors' room meant that visitors were not walking through the main home and this minimised the potential health risk for other patients and staff. There were two exceptions to this; families of patients in receipt of end of life care

were able to visit with their loved one and the home has implemented the care partner role with nine identified care partners for the nursing units.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, bathrooms, lounge and dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. Walkways throughout the home were kept clear and free from obstruction.

A copy of the fire risk assessment report and action plan was reviewed and was dated 24 November 2020. The assessment was carried out by a fire risk assessor who is on a recognised register of fire risk assessors. The report's action plan listed a number of items requiring attention and remedial works. The items listed on the action plan had been signed off by the manager indicating that all items had been addressed. A record of staffs' attendance at fire drills was maintained and evidenced that drills were undertaken at different times throughout the twenty four hour period so as night staff were included.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner, particularly the activities coordinators.

Some comments made by patients included:

- "It's perfect here."
- "Couldn't be better, very comfortable."
- "It's dead on here, great service."
- "It's very nice here, get peace and quiet."

One questionnaire from a patient's representative was completed and returned to RQIA. The respondent indicated that they were very satisfied that care was safe, effective and compassionate and that the service was well led.

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home.

Discussion with staff and a review of the activity programme showed that arrangements were in place to meet patients' social, spiritual and recreational needs. A planned activities programme was displayed in the entrance lobby of the home.

We spoke with the two activities coordinators who discussed how they are assisting with the visiting arrangements and coordinating the activities in the home. Both staff members were

very enthusiastic about their role and were looking forward to being able to spend more time on providing activities as care staff were taking over assisting with the visiting arrangements. The staff commented, "It's a lovely home and we're very proud of it."

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and demonstrated their knowledge of patients' dietary preferences.

6.2.4 Care records

We reviewed five care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. However, there were two exceptions. We reviewed a patient's care record in relation to responding to behaviours that challenge. The review of a patient's care plan regarding behaviour management did not clearly specify how the behaviour presented, any known triggers or how to respond/diffuse the behaviour. We also reviewed a patient's care record in relation to the use of specialised seating which could be perceived as a potential restrictive practice. The use of any equipment which may be perceived as a potential restrictive practice should be identified in the patient's care records and the continued need for, or use of, the seating regularly reviewed. The specialised seating was also in a 'tilt' position and again care plans should reflect the need for and/or when the tilt position is required. The need for diligence and accuracy regarding care planning has been identified as an area for improvement. The review of the management of wound care and the nutritional and fluid intake of patients in patient care records was in accordance with best practice guidance.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: "The manager is just great, listens to you and helps whatever way she can."

There were numerous ‘thank you’ cards displayed and comments included:

- “Thank you for the care you gave my XX, it is comforting to me to know XX was relaxed and comfortable at Rosemount and that they were well care for by kind people.”
Relative- January 2021

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home’s own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A visit by the registered provider’s representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for December 2020 and January and February 2021 were reviewed. An action plan, within these reports had been developed to address any issues identified. The action plan included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

An area for improvement was identified regarding the need for diligence and accuracy when care planning for responding to patients’ behaviours and the use of equipment which may be perceived as a potential restrictive practice.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Feedback at the conclusion of the inspection was given to the manager, Patricia Purvis. Areas of good practice were discussed and the area for improvement identified. The manager agreed with the findings of the inspection.

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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: 9 April 2021	<p>The registered person shall ensure that when registered nurses are prescribing patient care the care plans accurately reflect the assessed need, specifically in relation to:</p> <ul style="list-style-type: none"> • responding to behaviours • potential restrictive practice. <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All nursing staff have been spoken to and informed of the importance of documenting accurate responses to behaviours.</p> <p>A monthly audit will be completed in relation to specialized seating this will prevent potential restrictive practice.</p>

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



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