The Regulation and Quality Improvement Authority

Unannounced Care Inspection Report
11 October 2016

Rosemount Care Centre

Type of Service: Nursing Home
Address: 2 Moy Road, Portadown, BT62 1QL
Tel no: 02838331311
Inspector: Sharon McKnight and Laura O'Hanlon

1.0 Summary

An unannounced inspection of Rosemount Care Centre took place on 11 October 2016 from 10.00 hours to 16.30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies and staff training and development. Through discussion with staff we were assured that they were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

A general inspection of the home was undertaken and it was agreed that the planned redecoration work should commence in a timely manner and the new furniture distributed. A recommendation was made

Is care effective?

Evidenced gathered confirmed that there were systems and processes in place to ensure that the outcome of care delivery was positive for patients. We examined the systems in place to promote good communication between staff, patients and relatives and were assured that these systems were effective. A recommendation was made that staff meetings should be held regularly. Patients, relatives and staff were of the opinion that the care delivered provided positive outcomes.

A review of care records confirmed that patients were assessed and care plans were created to manage and direct the care required. One area for improvement was identified regarding the re-evaluated and update of one patient’s care plans in response to changing needs. There were arrangements in place to monitor and review the effectiveness of care delivery.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients’ needs and requests promptly and cheerfully. Staff were also observed to be taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients and relatives, were involved and communicated with regarding issues affecting them. Patients spoken with commented positively in regard to living in the home.

There were no areas of improvement identified in the delivery of compassionate care.

Is the service well led?

There was a clear organisational structure evidenced within Rosemount and staff were aware of their roles and responsibilities. A review of care observations confirmed that the home was operating within the categories of care for which they were registered and in accordance with their Statement of Purpose and Patient Guide.

There was evidence of good leadership in the home and effective governance arrangements. Staff spoken with were knowledgeable regarding the line management structure and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. A recommendation was made that issues identified during monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report; each report should contain specific detail of each monthly visit.

The term ‘patients’ is used to describe those living in Rosemount which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**0**	**4**

Details of the Quality Improvement Plan (QIP) within this report were discussed with Claire McKenna, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 13 September 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Zest Care Homes Ltd/Philip Scott	**Registered manager:** Ms Claire McKenna
Person in charge of the home at the time of inspection: Claire McKenna	**Date manager registered:** 1 November 2011
Categories of care: NH-DE, NH-I, RC-DE Jasmine: maximum of 19 places in NH-I, Sunflower: maximum of 22 places in NH-DE, Cherry Blossom/Willow: maximum of 32 places in RC-DE.	**Number of registered places:** 71

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with ten patients individually and with others in small groups, the deputy manager, two registered nurses, two senior care staff, five care staff, two activity leaders, two housekeeping staff, and four patient's relatives.

The following information was examined during the inspection:

- five patient care records – two nursing and three residential
- staff duty roster for the week commencing 10 October 2016
- staff training records
- staff induction records
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of audit
- records of staff meetings
- annual quality report
- reports of monthly visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the home was an unannounced medicines inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 08 July 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and advised that these levels were subject to regular review to ensure the assessed needs of the patients were met. The registered manager provided examples of the indicators they used to evidence that there was sufficient staff to meet the needs of the patients.

A review of the staffing roster for week commencing 10 October 2016 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff, staffing rosters confirmed that administrative, catering, domestic and laundry staff were on duty daily. There was three members of staff employed to deliver activities. Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; one was returned following the inspection. The respondent replied no to the question "Are there sufficient staff to meet the needs of the patient" and commented regarding one identified unit. This comment was shared with the registered manager for further consideration.

Patients and the relatives spoken with during the inspection commented positively regarding the staff and care delivery. Ten questionnaires were issued to relatives across the four units in the home; two were returned in time for inclusion in this report. The respondents were either satisfied or very satisfied that staff had enough time to care for their relative.

The registered manager and registered nurses spoken with were aware of who was in charge of the home when the manager was off duty. The nurse in charge on day and night duty was clearly identified on the staffing roster. Discussion with a registered nurse who were given the responsibility of being in charge of the home in the absence of the manager confirmed that they had been given the relevant information to undertake the role and were knowledgeable regarding management situations. A registered manager confirmed that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager.

A review of one personnel file evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. The record

maintained of Access NI checks was reviewed and evidenced that the certificate had been checked prior to the candidate commencing employment.

Discussion with the registered manager and a review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff were appropriately managed. The registered manager was knowledgeable regarding the management of the Northern Ireland Social Care Council (NISCC) registration process for newly employed care staff.

Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. One completed induction programme was reviewed. The programme included a written record of the areas completed and the signature of the employee and the person supporting the new employee. On completion of the induction programme the deputy manager signed the record to confirm that the induction process had been satisfactorily completed.

Training was available via an e learning system and internal face to face training arranged by the company. Training opportunities were also provided by the local health and social care trust. Systems were in place to monitor staff attendance and compliance with training. These systems included a print out of which staff had completed an e learning training and signing in sheets to evidence which staff had attended face to face training in the home. An individual training record was also maintained for all staff. Staff were of the opinion that the training provided was relevant to their role and responsibilities within the home.

A review of the print out of mandatory training evidenced that in 2016 to date 68% of staff have completed fire safety, 89% moving and handling and 69% adult safeguarding training. Training was ongoing for 2016.

Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to the relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. A detailed statement from the staff who either witnessed the accident or were first to assist the patient following a fall was included as part of the accident report; this is good practice. The registered manager completed a monthly analysis of falls to identify any trends or patterns.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process to accurately identify risk and inform the patient's individual care plans.

A general inspection of the home was undertaken to examine a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Areas throughout the home were in need of upgrading and/or repair. For example the paint work in the servery in the dementia nursing unit was worn and heavily stained, a number of toilet seats in the residential units were loose, one was observed to be broken, the upholstery on some chairs was torn and flooring in a number of areas was heavily stained. These issues were discussed with the registered manager who informed us that redecoration of identified rooms in the home was due to take place; this included the servery. There was also new furniture stored in the home and waiting to be distributed following the redecoration. The planned redecoration work should be commenced in a timely manner and the new furniture distributed. A recommendation was made

Fire exits and corridors were observed to be clear of clutter and obstruction. A copy of the fire risk assessment completed on 22 September 2016 was available. Discussion with the registered manager confirmed that they were currently addressing the recommendations made. A review of training records evidenced that fire safety training and fire drills were completed with staff.

There were no issues identified with infection prevention and control practice.

Areas for improvement

The planned redecoration work should be commence in a timely manner, the new furniture distributed .

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

A review of five patient care records, two in the nursing unit and three in the residential unit, evidenced that initial plans of care were based on the pre admission assessment and referral information. A comprehensive, holistic assessment of patients' needs was commenced at the time of admission to the home. As previously discussed a range of validated risk assessments were completed as part of the admission process.

A review of one patients' care plans evidenced that they had not been updated to reflect the changes to the patient's condition following readmission to the home. A recommendation was made. The other four care records were regularly reviewed and updated, as required, in response to patient need.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Patient confidentiality in relation to the storage of records was maintained.

There was evidence within the care records of regular, ongoing communication with relatives. Registered nurses spoken with confirmed that care management reviews were arranged by the relevant health and social care trust. These reviews were generally held annually but could be requested at any time by the patient, their family or the home.

Discussion with the registered manager and staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted. A handover report was also completed daily to inform the registered manager and registered nurses of significant events within the home.

The registered manager confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed. The most recent staff meeting was held on 15 April 2016. Staff meetings should take place on a regular basis and at a minimum quarterly. A recommendation was made.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that if they had any concerns, they would raise these with the nursing sisters, deputy manager or the registered manager.

Areas for improvement

Patients care plans should be re-evaluated, and updated as required, in response to their changing needs

Staff meetings should take place on a regular basis and at a minimum quarterly.

Number of requirements	0	Number of recommendations	2

4.5 Is care compassionate?

Throughout the inspection there was a calm atmosphere in the home and staff were quietly attending to the patients' needs. Patients were sitting in the lounges, or in their bedroom, as was their personal preference.

Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients' likes, dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received. The following comments were provided:
"I think it's very good here."
"I'm very happy here, I have no complaints."
"They all do a great job."
"It's just as good as it was the last time you were here."

Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings. Observation of care delivery confirmed that patients were assisted appropriately, with dignity and respect, and in a timely manner.

Relatives spoken with confirmed that they were made to feel welcome into the home by all staff. They were confident that if they raised a concern or query with the manager or staff, their concern would be addressed appropriately. The following comments were provided:

"We are well pleased with how they look after …. They are all so friendly and caring."
"The staff are very approachable and friendly."

We discussed how the registered manager consulted with patients and relatives and involved them in the issues which affected them. They explained that they had regular, daily contact with the patients and any visitors and was available, throughout the day, to meet with both on a one to one basis if needed. Patients and relatives spoken with confirmed that they knew who the registered manager was and that she was regularly available in the home to speak with.

Numerous compliments had been received by the home from relatives and friends of former patients. The following are some comments recorded in thank you cards:

"… was a very special and much loved lady…we have lots of lovely memories of happy times spent with her in Rosemount – a very special place."

"…totally reassured in the knowledge that everything humanly possible was being done for ….. by Rosemount professional staff."

"Thank you is not enough but thank you for the wonderful care you shared."

Ten questionnaires were issued to relatives; two were returned prior to the issue of this report. Both of the respondents were satisfied or very satisfied with the care their loved ones were receiving. One respondent commented:

"I do not know the managers name but the door is always open if a meeting was required."

Ten questionnaires were issued to nursing, care and ancillary staff; one was returned prior to the issue of this report. The respondent indicated that they were satisfied or very satisfied with the delivery of safe, effective and compassionate care and that the service was well led. In response to the question "Are there regular team meetings?" the staff member commented that there were held once a year but if there were any concerns the registered manager was approachable and would solve any problems as soon as possible. Comments regarding staffing are discussed within the domain of safe care in section 4.3.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home. Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff spoken with were knowledgeable regarding the line management arrangements within the home and who they would escalate any issues or concerns to; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships.

The registered manager confirmed that they had regular, daily contact with the patients and visitors and were available, throughout the day, to meet with both on a one to one basis if

needed. Patients and relatives spoken with confirmed that she was approachable and regularly available in the home to speak with. The registered manager explained that a meeting with relatives was planned for 22 April 2016, no relatives attended. A suggestion box was also available in the foyer of the home but was very seldom used.

The registered manager explained that quality assurance questionnaires were sent out annually to relatives. These were last completed in 2015; records evidenced that 63 questionnaires were issued, 17 completed, giving a response rate of 27%. The results had been analysed and included in the annual quality report for 2015. The report included any areas for improvement identified and the action planned and/or taken.

A record of complaints was maintained. The record included the date the complaint was received, the nature of the complaint, details of the investigation and action taken, if any. The record also indicated how the registered manager had concluded that the complaint was closed. We noted that no complaints had been recorded from April 2016. The importance of recording minor expressions of dissatisfaction in the complaints record was discussed with the registered manager.

There were numerous thank you cards and letters received from former patients and relatives; examples of these have been included in the previous domain.

As previously discussed there were systems in place to ensure that notifiable events were investigated as appropriate and reported to the relevant bodies. The registered manager completed a monthly analysis of accidents to identify any trends or patterns.

There were arrangements in place to receive and act on health and safety information, urgent communications, safety alerts and notices; for example from the Northern Ireland Adverse Incident Centre (NIAIC).

The registered manager discussed the systems she had in place to monitor the quality of the services delivered. A programme of audits was completed on a monthly basis. Areas for audit included care records, accidents and incidents and the completion of repositioning charts. Audit records included evidence of re-audited to check that the required improvement had been completed.

The arrangements for the unannounced monthly visits required in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. These were undertaken on behalf of the responsible person by an independent consultant. A review of the reports evidenced that there was a lot of repetition in the reports from month to month. For example audit of care records was raised each month from May 2016 to August 2016, the same actions were identified in June, July, August and September. We discussed the importance of ensuring that previous issues are reviewed and the progress commented on in the report; each report should contain specific detail of each monthly visit. A recommendation was made.

Areas for improvement

Issues identified during monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report; each report should contain specific detail of each monthly visit.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Claire McKenna, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: No statutory requirements were made as a result of this inspection.

Recommendations

Recommendation 1 **Ref**: Standard 44.1 **Stated:** First time **To be completed by:** 25 November 2016	It is recommended that the planned redecoration work is commenced in a timely manner and the new furniture distributed. **Ref section 4.3** **Response by registered provider detailing the actions taken:** Willow lounge/diner, Sunflower lounge/diner, Jasmine quiet lounge, Hair salon and Smoke room are complete. This includes painting and furniture renewal as required. Further bedrooms are planned for repainting as vacancies arise. Redecoration plans will continue into 2017 to include Sunflower servery, Jasmine lounge/diner, Activities and Sensory rooms.
Recommendation 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 11 November 2016	It is recommended that patients care plans are re-evaluated, and updated as required, in response to their changing needs **Ref section 4.4** **Response by registered provider detailing the actions taken:** This recommendation referred to 1 care plan reviewed where the resident had returned from hospital gravely ill and had since improved. The care plan has been re-evaluated and updated to reflect current needs. This will be an ongoing focus during care file audits.
Recommendation 3 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 9 December 2016	It is recommended that staff meetings take place on a regular basis and at a minimum quarterly. **Ref section 4.4** **Response by registered provider detailing the actions taken:** The quarterly staff meeting was delayed due to other management operations taking priority. A staff meeting took place on 25/10/16 with attendance, minutes and actions available. A further staff meeting has been scheduled for 20/01/17 in line with quarterly minimum. All staff are aware that the Manager runs an ‘open door’ policy and issues are addressed as and when.
Recommendation 4 **Ref**: Standard 35.7 **Stated:** First time **To be completed by:** 11 November 2016	It is recommended that issues identified during the monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report; each report should contain specific detail of each monthly visit. **Ref section 4.6** **Response by registered provider detailing the actions taken:** The contents of this report in reference to Reg29 reports have been discussed with the nominated person responsible. Details of the reports in future will be more specific in relation to the month reported on and

	progress on actions identified.

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