



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Name of Establishment:** Rosemount Care Centre  
**RQIA Number:** 11088  
**Date of Inspection:** 13 November 2014  
**Inspector's Name:** Priscilla Clayton  
**Inspection ID:** 17604

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Home:</b>	Rosemount Care Centre
<b>Address:</b>	2 Moy Road Portadown Co Armagh BT62 1QL
<b>Telephone Number:</b>	028 38331311
<b>Email Address:</b>	rosemountmanager@zestcarehomes.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Zest Care Homes Ltd Philip Scott
<b>Registered Manager:</b>	Jillian Claire McKenna
<b>Person in Charge of the Home at the Time of Inspection:</b>	Jillian Claire McKenna
<b>Categories of Care:</b>	RC-DE.
<b>Number of Registered Places:</b>	Cherry Blossom/Willow: maximum of 32 places in RC-DE.
<b>Number of Residents Accommodated on Day of Inspection:</b>	32
<b>Scale of Charges (per week):</b>	As per trust contract
<b>Date and Type of Previous Inspection:</b>	31 January 2014 Residential Announced Primary Care Inspection
<b>Date and Time of Inspection:</b>	13 November 2014 9.40 am – 3 pm
<b>Name of Inspector:</b>	Priscilla Clayton

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff.
- Consultation with residents individually and within small groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	15
Staff	4 plus the manager
Relatives	nil
Visiting Professionals	None available

## 6.0 Inspection Focus

The focus of the inspection was on continence management.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **7.0 Profile of Service**

Rosemount Residential Care Home is situated on the outskirts of Portadown town centre. The home is close to local churches and shops.

The residential home is owned and operated by Zest. The current registered manager is Jillian Clare McKenna.

Accommodation for residents is provided in single rooms on the ground floor of the two story home. The residential care home is on the ground floor within two units named Cherry Blossom and Willow Tree. The first floor is the designated nursing facility. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided in each of the residential units.

The home also provides for catering and laundry services. A number of communal sanitary facilities are available throughout the home.

The residential care units are registered to provide care for a maximum of 32 residents under the following categories of care:

### **Residential Care**

DE (Dementia)

## **8.0 Summary of Inspection**

This secondary unannounced care inspection of Rosemount Residential Care unit was undertaken by Priscilla Clayton on 13 November 2014 between the hours of 9.45 am and 3.45pm. Claire McKenna, registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The two requirements made as a result of the previous inspection were examined. There was evidence that the home has addressed improvements as required within the timescales specified. The detail of the actions taken by the manager can be viewed in the section 9.0.

The focus of the inspection was on the theme – Continence Management which included policy / procedure, assessment, care planning / review/ resources and staff training to appropriately manage this specific aspect of care.

During the inspection the inspector met with residents and staff. Discussion also took place in regard on the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records, inspected provision of stock supplies of continence garments, and carried out a general inspection of the residential care home environment.

In discussion with residents who were able to comprehend they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Other residents were observed moving freely around the home and were supervised and assisted by staff in a professional respectful manner.

Staff indicated that they were supported in their respective roles and are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised and adequately heated with good natural lighting throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined which included accidents/incidents, complaints, quality monthly monitoring visits and environment. Further details can be found in section 10.0 of the report.

## **Conclusion**

Three recommendations were made as a result of this secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

## 9.0 Follow-up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 31 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 21 Schedule 2 7	<p><b><u>Health Assessments</u></b></p> <p>Ensure that physical and mental health assessments are sought prior to appointing a new staff member in accordance with Regulation 21 Schedule 2. 7 which states “Evidence that the person is physically and mentally fit for the purpose of the work which he is to perform at the home or, where it is impracticable for the purpose to obtain such evidence, a declaration signed by that person that he is so fit”.</p>	Examination of relevant documents and discussion with the homes administrator evidenced that this requirement had been addressed.	Compliant
2	Regulation 21 Schedule 2 3	<p><b><u>References</u></b></p> <p>Ensure two references are sought, received are retained in files.</p>	Examination of associated documents and discussion with the administrator evidenced that this requirement had been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 11.4	<p><b><u>Pre Care Management Review</u></b></p> <p>Areas identified for improvement in the pre-care-management proforma include:</p> <ul style="list-style-type: none"> <li>• Ensure all sections of the pre-care management proforma are fully completed</li> <li>• The handling of any monies / valuables to be included and if this does not take place this is recorded as such</li> <li>• Care management records are signed by the resident or representative as appropriate</li> </ul>	<p>Areas identified for improvement had been addressed as evidenced in care records selected and examined.</p>	<p>Compliant</p>
2	Standard 16.1	<p><b><u>Policy / procedure</u></b></p> <p>Ensure that the procedure for reporting of vulnerable adult incidents during out of hours, including bank holidays and weekends is included in the home's policy/procedure.</p>	<p>Evidence of inclusion was referenced in attached appended correspondence from the commissioning trust detailing contact telephone hours both within working hours and outside of same.</p>	<p>Compliant</p>

## **10.0 Inspection Findings**

### **10.1 Contenance Management Policy/Procedure**

The home has comprehensive policies / procedures on Contenance Management which was dated Dec 2013. The manager confirmed review was planned for December 2014. Faecal Incontinence Management policy was dated January 2013. Both policies/procedures examined made reference to a wide area of practice including for example: faecal and urinary incontinence, causes, referral to other professionals, types of incontinence, appliances, promotion of continence, prevention of incontinence, assessment, care planning, records, monitoring, supplies and review.

Policies / procedures were readily available and staff who spoke with the inspector were knowledgeable of both policies.

### **10.2 Staff Training**

Examination of staff training records evidenced that training had been provided. Content of the record of training provided was considered to be comprehensive. Records examined evidenced that the total staff pass rates ranged from 80% - 100%. Staff are to be commended on this achievement.

Staff who spoke with the inspector demonstrated awareness of the assessment process, referral, promotion / prevention of incontinence, care record maintenance, continence garment supplies, care practice and review. Staff demonstrated awareness of the necessity for resident adequate fluid intake and recording / monitoring of same.

One recommendation made related to ensuring that fluid intake was recorded for all residents who cannot comprehend the necessity to drink adequate daily fluids and for residents with potential urinary tract infection needs. Care plans should reflect identified needs, goals, interventions in this regard.

### **10.3 Care Practice**

During the course inspection residents' calls for assistance to the bathroom were promptly responded to by staff and residents were assisted in a dignified and respectful manner. There was evidence of ongoing toileting programmes/bladder drills taking place in an attempt to promote continence and prevent incontinence of those residents with identified associated assessed needs, as reflected within care plans.

Staff demonstrated good understanding in the promotion of continence and prevention of incontinence. Residents with urinary continence aids were being managed in accordance with their identified need as detailed within individualised care plans. There was evidence of a good supply and range of continence garments in stock. Staff confirmed that these were designated to individual residents within the residential unit and were supplied by the commissioning trust following assessments by the district nurse or where required the trust continence adviser. One recommendation was made in regard to ensuring that continence garments provided by the commissioning trust are not accepted when a resident is no longer accommodated.

Changing of catheter and other associated care such as suprapubic wound dressings are undertaken by the visiting professional with care plans, interventions and evaluations retained in the home by the district nurse.

#### **10.4 Care Records**

Six care records were selected and examined. There was evidence of continence assessments/reviews within care records examined and of prescribed management, where required by the assessing district nurse.

Good evidence of continence promotion and prevention and management were evidenced within five care records examined.

The care plan record of one resident was discussed with the manager as this related to indwelling catheter management when suprapubic catheter was in situ. The manager explained this plan related to a previous appliance which had recently been changed. One recommendation was made in this regard to review and revision of the care plan.

#### **10.5 Evidence Based Practice**

Recommendation reading in regard to best practice in continence management can be accessed through National Institute of Excellence (NICE) Sept 2011 and Royal College of Nursing Guidelines , Improving Continence.

#### **11.0 Additional Matters Examined**

##### **11.1 Management Arrangements**

Jillian Claire McKenna is the registered manger of the nursing and residential care home and has been in post since 2011. The manager is supported in her role by a deputy manager and mixed skill team of care workers. Ancillary staff is employed in regard cooking, domestic work and laundry. Additionally, a receptionist / administrative officer is employed.

On the day of inspection the manager, deputy manager and five care staff were on duty as shown in the staff duty roster which was being maintained in accordance with Regulation 19 (2) Schedule 4 7.

Systems and processes included within the governance arrangements of the home includes for example, audit, staff supervision, appraisal, staff meetings and mandatory training all of which are in accordance with legislative requirement and Residential Care Homes Minimum Standards. In addition monthly quality monitoring visits are undertaken and recorded as evidenced from examination of the visit records during August, September and October 2014.

The manager had submitted to RQIA the Resident Dependency Information data as requested. Examination of the detail evidenced that staffing was deemed to be satisfactory for the number and dependency levels of residents accommodated. The manager also completed self- assessment of standards 10 and 13 which was submitted to RQIA within the timescale requested. These were considered to be satisfactory

## **11.2 Accidents/Incidents**

Examination of accidents and incidents records held in the home was cross referenced with those notified to RQIA and were compliant in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2007.

## **11.3 Complaints.**

Prior to inspection the manager had submitted data in regard to complaints received during 2013. The manager confirmed as recorded that these had been satisfactorily resolved. The home retains a register of all complaints received and complaints records examined evidenced that complaints were investigated and outcome recorded. Where necessary lessons learned would be recorded.

## **11.4 Environment**

The home continues to be maintained to a good standard of décor and furnishing. Inspection of the residential care units evidenced that these were appropriately heated, clean, tidy and organised. Pictorial signage to assist residents to navigate and move around the facility was displayed.

One recommendation made related to ensuring eradication of malodour in one bedroom which was identified to the manager.

There was no visual evidence of any fire safety issues. All fire doors were closed and fire exits unobstructed. Staff training in fire safety has taken place with ongoing training held on a six monthly basis. A Safety Audit was completed and returned to RQIA by the manager. No issues were identified for further action.

## **11.5 Toileting Appliances/Resources.**

Toilets were observed to be close to the communal areas and within each bedroom e-suite. Toilet doors/bathrooms have pictorial signage; making identification and quick access easier for residents. Adequate hand washing facilities were available.

There was evidence of raised toilet seats as assessed by the occupational therapist. Other aids and appliances including urinals, raised toilet seats, commodes and catheter equipment, is provided as required.

There was good evidence of a supply and range of incontinence garments in stock. Staff must cease to accept supplies when previous residents are no longer accommodated. A range of catheter appliances were readily available

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Jillian Claire McKenna, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**Quality Improvement Plan**

**Secondary Unannounced Care Inspection**

**Rosemount Residential Care Home**

**13 November 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Jillian Clair McKenna, registered manager on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 9-2	<p><b><u>Fluid intake records</u></b></p> <p>Ensure that fluid intake is recorded for all residents who cannot comprehend the necessity to drink adequate daily fluids and for residents with potential urinary tract infection needs and those with urinary catheters in situ.</p> <p>Detail of identified need / goal and intervention should be reflected within the care plan of residents. (Section 10.2)</p>	One	All residents to whom this is applicable to now or in the future will have fluid balance charts implemented with intake targets/goals identified.	14 November 2014
2	Standard 8.4	<p><b><u>Continence garment supplies</u></b></p> <p>Continence garments supplied by the commissioning trust for specific residents are not to be accepted when a resident is no longer accommodated in the home. (Section 10.3)</p>	One	The Trust continence service is notified to discontinue provision of products on resident discharge/death.	Immediate and ongoing
3	Standard 6.6	<p><b><u>Care Plan</u></b></p> <p>It is recommended that the care plan of one resident is reviewed and revised to reflect the management of suprapubic catheterisation (Section 10.4)</p>	One	The care plan of the resident identified during inspection has now been updated to include advice on management of the suprapubic catheter given by the District Nursing team.	14 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	CLAIRE McKENNA
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	PHILIP SCOTT

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	8/01/15
Further information requested from provider			