

Inspection Report

24 March 2022



Rosemount Care Centre

Type of service: Nursing Home
Address: 2 Moy Road,
Portadown, BT62 1QL
Telephone number: 02838331311

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Zest Care Homes Limited</p> <p>Responsible Individual: Mr Phillip Scott</p>	<p>Registered Manager: Mrs Patricia Purvis</p> <p>Date registered: 08 November 2019</p>
<p>Person in charge at the time of inspection: Mrs Patricia Purvis, Registered Manager</p>	<p>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.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 37</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 41 patients. The home is divided in two units on the first floor. The Jasmine unit provides care for patients with general nursing care needs and the Sunflower unit provides care for patients with dementia. Patients have access to communal lounges, dining rooms and a garden.</p> <p>There is a Residential Care Home which occupies the ground floor and the Registered Manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2022 from 09.20 am to 4.50 pm by a care inspector.

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

Evidence of good practice was found in relation to care delivery, teamwork and maintaining good working relationships.

Areas for improvement were identified as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. One area for improvement in relation to medicines management has been carried forward for review at a future inspection.

Based on the inspection findings and discussions held, RQIA were assured that compassionate care was being delivered in Rosemount and that management had taken relevant action to ensure the delivery of safe, effective and well led care.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the service

Ten staff, 11 patients individually and others in groups were spoken with during the inspection. Patients said that they felt well cared for, enjoyed the food and that staff were helpful and friendly. There were no questionnaires returned from patients. One questionnaire was returned from a relative who was satisfied with the overall provision of care.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "Great wee team" and a further staff member said "I love working here." There were no responses received from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 02 July 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person must ensure that medicines requiring cold storage are stored at the correct temperature. Nurses must take corrective action if temperatures outside the recommended range are observed.	Met
	Action taken as confirmed during the inspection: Review of relevant fridge temperature records evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person must review and revise the management of medicines on admission as detailed in the report.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	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: <ul style="list-style-type: none"> • responding to behaviours • potential restrictive practice. 	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with staff evidenced that this area for improvement had been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

On review of two weeks staff duty rotas there were adequate staffing levels within the home to meet the needs of the patients. The duty rotas clearly recorded the hours worked by staff and the person in charge in the absence of the Manager. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients but that staffing levels can be affected with occasional short notice absenteeism. Staff said that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence.

Review of two staff recruitment and induction files evidenced that a health assessment had not been obtained prior to an offer of employment. This was discussed in detail with the Manager and an area for improvement was identified.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC) with a record maintained by the Manager of any registrations pending.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Review of training records evidenced that a number of staff were required to update their mandatory training. The manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance.

Competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager were completed and available during inspection.

Patients said that they felt well looked after by the staff and were very happy in Rosemount. One patient commented "I couldn't ask for any better" and another patient referred to the staff as being "Very kind and caring".

5.2.2 Care Delivery and Record Keeping

The Manager confirmed that staff meet at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of care records relating to pressure area care evidenced that these were mostly well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising.

Patients who choose to have their lunch in their bedroom had trays delivered to them. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Patients said they very much enjoyed the food provided in the home.

Review of five patient care records evidenced that care plans for risk of dehydration and constipation did not provide sufficient detail regarding the patients recommended daily fluid intake; actions to take if the recommended fluid target is not achieved and the patient's normal bowel pattern and frequency. Specific examples were discussed in detail with the Manager who acknowledged the shortfalls in the documentation and agreed to have all care records reviewed. This was identified as an area for improvement.

Whilst most care records were reviewed monthly a small number of risk assessments and care plans had not been updated within the recommended timeframe. Details were discussed with the Manager who agreed to have these records updated. Following the inspection written confirmation was received from the Manager that all relevant care records had been updated.

5.2.3 Management of the Environment and Infection Prevention and Control

The environment was fresh smelling, neat and tidy with the majority of communal areas such as lounges, dining rooms and corridors tidy and free from obstruction. Patients' bedrooms were found to be personalised with items of memorabilia and special interests.

Whilst the majority of the home was tidy, an identified unlocked store room within the Jasmine unit was cluttered with patient equipment and presented as a potential tripping hazard. This was brought to the attention of relevant staff who immediately locked the door. The Manager further agreed to have this store decluttered and to ensure that it remains locked when not in use.

A number of unnecessary risks were identified which had the potential to impact on the health and safety of patients. For example; a cleaning trolley was observed unattended in a corridor with chemicals easily accessible to patients within the Jasmine unit; razors used for shaving, nail polish remover and aromatherapy oils were easily accessible to patients within the dementia unit. The importance of ensuring that all areas of the home are hazard free was discussed with the Manager and an area for improvement was identified.

The Manager advised the inspector that three identified rooms within the nursing home were being used to accommodate staff breaks and changing facilities. The importance of rooms being used for the purpose they are registered was discussed with the Manager. Following the inspection written confirmation was received, from the Manager requesting a temporary arrangement during the COVID-19 pandemic and confirming that these rooms would return to their registered purpose thereafter.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

Observation of staff practices evidenced that they were not consistently adhering to appropriate IPC measures, including the correct use of cleaning equipment by one cleaner; the storage and cleanliness of identified equipment within a communal bathroom, sluice room and a domestic store; a member of staff wearing nail polish and three staff not wearing their face mask correctly while in close contact with patients. Details were discussed with the Manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

Patients commented positively about the food provided within the home with comments such as; "Food is great with a good choice of food" and "The food is normally very good."

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

Review of accidents/incidents records in comparison with the notifications submitted by the home to RQIA confirmed that records were maintained appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements have been made.

Discussion with the Manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by a representative, on behalf of the Responsible Individual. The reports were available within the home.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	2

* The total number of areas for improvement includes one regulation which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Purvis, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection (2 July 2021)	The registered person must review and revise the management of medicines on admission as detailed in the report. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.2.3 Response by registered person detailing the actions taken: Areas which required new locks have been replaced, staff informed of the importance of locking all cupboards to ensure residents safety. This point has been added to QR1001.01B COSHH audit for further monitoring.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	The registered persons shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 5.2.3

To be completed by: With immediate effect	Response by registered person detailing the actions taken: Staff spoken to after the inspection and informed of areas of improvement, routine checks and audit by management continue to monitor compliance of IPC and address issues noted.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 38.3 Stated: First time To be completed by: With immediate effect	The registered persons shall ensure that a health assessment is obtained prior to an offer of employment. Ref: 5.2.1 Response by registered person detailing the actions taken: On reviewing personnel files any outstanding health questionnaires were obtained from relevant staff.
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 24 April 2022	The registered persons shall ensure that where a patient has been assessed as being at risk of dehydration and/or constipation care plans provide the following information as necessary: <ul style="list-style-type: none"> • the recommended daily fluid intake • the action to take if the recommended fluid target is not achieved • the patient's normal bowel pattern and frequency. Ref: 5.2.2 Response by registered person detailing the actions taken: Current careplans have been reviewed and updated to ensure necessary information is documented.

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



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