

Unannounced Care Inspection Report 3 May 2017



Rosemount Care Centre

Type of Service: Nursing Home

Address: 2 Moy Road, Portadown, BT62 1QL

Tel no: 028 3833 1311

Inspectors: Sharon McKnight and Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rosemount Care Centre took place on 3 May 2017 from 10:00 hours to 16:45 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, staff training and development and the environment. Observation of the delivery of care in the nursing units and discussion with patients and staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

We were concerned that, due to patient dependency levels in one of the residential units that there were not enough staff to adequately supervise the patients and meet their needs. A recommendation was made to review staffing in the identified unit.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. Some refurbishment work had been completed since the previous inspection. However there were areas identified during the previous inspection which remain unaddressed. The recommendation made as a result of the previous inspection has been stated for a second time.

Urgent action was required in relation to the storage of items under two stairwells. The storage of items adjacent to an escape route stairway was discussed with the deputy manager and required to be addressed without delay to ensure that flammable items or materials were not stored at any time adjacent to escape route staircases. A requirement has been made.

Compliance with the requirement and recommendation made will further drive improvements in this domain.

Is care effective?

A review of care records evidenced that a comprehensive assessment was completed for each patient to identify their nursing needs; a range of validated risk assessments were also in place.

Weaknesses have been identified in the delivery of effective care specifically in relation to the reviewing and updating of care records in response to patients changing needs and the communication of patient need. We were concerned that patients, following changes to their care needs, were not being appropriately referred for reassessment to determine the most appropriate care setting. Following the inspection assurances were provided by the registered manager of the referrals and outcome of assessments by the relevant health and social care trust. However there were no records in the individual patients' files to communicate this information to staff.

We reviewed how patient information was communicated to staff. The deputy manager and staff confirmed that they were required to attend a handover meeting at the beginning of each

shift. Areas for improvement in the sharing of patient information, both verbally and written have been identified and a recommendation made.

A total of two requirements and two recommendations were made. Compliance with the requirement and recommendations will further drive improvements in the delivery of effective care.

Is care compassionate?

When we first visited the patients they were enjoying a mid-morning cup of tea. Patients were in the lounges, walking around the corridors or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. It was obvious from the interactions observed that staff knew the patients likes and dislikes.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. A number of their comments are included in the report.

We spoke with three relatives; they were satisfied with the standard of care, communication with staff and spoke highly of the atmosphere in the home. We issued questionnaires for ten relatives; two were returned within the timescale for inclusion in this report. The relatives were either very satisfied or satisfied with the care provided across the four domains. No additional comments were provided.

Ten questionnaires were issued to nursing, care and ancillary staff; six were returned prior to the issue of this report. The staff members were very satisfied or satisfied with the care provided across the four domains. No additional comments were provided.

There were no areas for improvement identified in this domain.

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 evidenced that there was a clear organisational structure in the home. In discussion, patients and relatives were aware of the roles of staff in the home and to whom they should speak to if they had a concern; this included the reporting arrangements when the registered manager was off duty.

The areas for improvements identified in the previous care inspection have not been met and have been stated for a second time. In addition further areas for improvement were identified as a result of this inspection. Based on the inspection findings it was recommended that the registered manager review the systems they have in place which assure the safe and effective delivery of care within the home. A recommendation was made.

The term 'patients' is used to describe those living in Rosemount Care Centre 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	4	8*

*The total number of recommendations includes four which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Julie Ann McClure, deputy 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 25 April 2017. 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.

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: Julie Ann McClure, deputy manager.	Date manager registered: 1 November 2011
Categories of care: NH-DE, NH-I, RC-DE	Number of registered places: 73

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 eight patients individually, three in the nursing unit and five in the residential unit and we spoke with the majority of the others in small groups. We also met with one nursing sister, one registered nurse, two senior care staff, six care staff, two domestic staff, two activity leaders and three relatives.

The following information was examined during the inspection:

- duty rota for all staff for the week of the inspection
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment files
- staff induction records
- five patient care records
- record of staff meetings
- complaints record
- RQIA registration certificate
- certificate of public liability insurance
- monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. There were no issues identified during this inspection, and a QIP was neither required, nor included, as part of the inspection report.

4.2 Review of requirements and recommendations from the last care inspection dated 11 October 2017

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 44.1 Stated: First time	It is recommended that the planned redecoration work is commenced in a timely manner and the new furniture distributed.	Not Met
	Action taken as confirmed during the inspection: Staff confirmed that some refurbishment work had been completed. However there were areas identified during the previous inspection which remain unaddressed. The environment is further discussed in section 4.3. This recommendation	

	has not been met and is stated for a second time.	
Recommendation 2 Ref: Standard 4 Stated: First time	<p>It is recommended that patients care plans are re-evaluated, and updated as required, in response to their changing needs</p> <p>Action taken as confirmed during the inspection: A review of care records in the nursing and residential units evidenced that this recommendation has not been met and is stated for a second time. This is further discussed in section 4.4 of this report.</p>	Not Met
Recommendation 3 Ref: Standard 41 Stated: First time	<p>It is recommended that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Action taken as confirmed during the inspection: A review of minutes of staff meetings evidenced that the last staff meeting took place on 25 October 2016. There was no evidence that staff meetings were being held quarterly. This recommendation has not been met and is stated for a second time.</p>	Not Met
Recommendation 4 Ref: Standard 35.7 Stated: First time	<p>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.</p> <p>Action taken as confirmed during the inspection: The reports of the monthly monitoring visits were not available on the day of the inspection. This is further discussed in section 4.5. The reports for the period January – April 2017 were received by electronic mail on Friday 5 May 2017. Issues identified during the monthly monitoring visits have not been reviewed at the next visit and the progress commented on, in the report. This recommendation has not been met and is stated for a second time.</p>	Not Met

4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Staff spoken with in the dementia nursing unit informed us that staffing has recently been

reviewed and increased in the late afternoon/teatime in response to the needs of the patients. A review of the staffing rota for week commencing 1 May 2017 evidenced that the planned staffing levels were adhered to. Observation of the delivery of care in the nursing units evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Observations of care delivery in one of the residential units evidenced that, on occasions patients required the assistance of two staff for moving and handling. There were only two staff rostered from 08:00 to 20:00 hours. We were concerned that, due to patient dependency levels there were not enough staff to adequately supervise the other patients and be available to respond to their needs. The registered provider should ensure that at all times suitably qualified, competent and experienced staff are working in the nursing home in such numbers as are appropriate for the health and welfare of patients. The staffing in the identified residential unit should be reviewed to ensure there are sufficient staff on duty to meet the needs of the patients and provide appropriate supervision. A recommendation was made.

Confirmation was received from the registered manager on 5 May 2017 that staffing in the identified unit had been reviewed and increased. The registered manager provided assurances that they would continue to keep staffing under review and increase staff further if required. Patient dependency levels and assessed needs are further discussed in section 4.4 of this report.

Rotas confirmed that catering and housekeeping were on duty daily. Activity co-ordinators were employed to deliver activities.

Staff spoken with in the nursing units were satisfied that there were sufficient staff to meet the needs of the patients. Staff in the residential units recognised the increased dependency of patients and commented on the effect this was having on staff time.

We also sought staff opinion on staffing via questionnaires; six were returned following the inspection. All of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?"

Patients and relatives spoken with during the inspection commented positively regarding the staff and care delivery. Patients were satisfied that when they required assistance staff attended to them in timely manner. We sought relatives' opinion on staffing via questionnaires; two completed questionnaire was returned. The respondent indicated that staff had enough time to care for their relative. No additional comments were provided.

A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. The deputy 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.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the deputy manager. A review of the records of NMC registration evidenced that all of the nurses on the duty rota for the week of the inspection were included in the NMC check.

The deputy manager confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe. The importance of ensuring that the signature of the inductee is recorded in all sections of the induction programme was discussed. An agency nurse, who had not worked previously in the home, was on duty. We discussed with the nurse what induction they had received on commencement of duty. They confirmed that the deputy manager has explained the fire procedure and they had been provided with an overview of the patients' condition. The deputy manager confirmed that an oral induction had been given. Prior to the conclusion of the inspection an induction record was completed and signed by the agency nurse and deputy manager. The effectiveness of the induction received by the agency nurse is discussed in section 4.4.

We discussed the provision of mandatory training and the deputy manager explained that training was delivered via e learning and face to face. Review of the training matrix for 2017/18 indicated that training was being undertaken to ensure that mandatory training requirements were met. Mandatory training compliance was monitored by the registered manager.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed. Accident reports contained good detail of the event, the patients' condition and action taken by staff.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. As previously discussed some refurbishment work had been completed since the previous inspection. However there were areas identified during the previous inspection which remain unaddressed. For example the décor in the small kitchen area in the dementia unit, loose toilet seats, stained floors, chairs with damaged and worn upholstery. The recommendation made as a result of the previous inspection has been stated for a second time.

Infection prevention and control measures were adhered to. We spoke with one member of housekeeping staff who was knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Urgent action was required in relation to the storage of items under two stairwells. The first stairwell had a number of bags of clothes and a number of bags of continence products stored. The deputy manager explained that the clothes had been placed there on the morning of the inspection as they were due for collection that day; the continence products had been delivered on the morning of the inspection and were awaiting staff to put them away; all of these items were removed by 12:30 hours.

In another stairwell, to the rear of the home, there were numerous packages of paper hand towels, liquid soap and soap dispensers. A member of staff explained that normally this area was not used for storage but the home was currently changing their soap and hand towel dispensers and this was the surplus stock. The storage of items adjacent to an escape route stairway was discussed with the deputy manager and was required to be addressed without delay to ensure that flammable items or materials are not stored at any time adjacent to escape route staircases. A requirement has been made.

Areas for improvement

The staffing in the identified residential unit should be reviewed to ensure there are sufficient staff on duty as appropriate for the health and welfare of patients.

Flammable items or materials must not be stored at any time adjacent to escape route staircases.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

Nursing units

A review of two care records in the nursing unit evidenced that a physical and social assessment was completed for each patient to identify their nursing needs; a range of validated risk assessments were also in place.

We observed that when a patient was admitted to a nursing unit from a residential placement their assessments were reviewed and updated to accurately reflect the patient’s current needs. The care plans in place had been reviewed to include the patient’s nursing needs. A care management review, arranged by the local health and social care trust had been held with family and staff a number of weeks following transfer to the nursing unit; a copy of the minutes was available in the care records.

A review of one patient’s care record evidenced that their assessments and care plans had been reviewed and updated on readmission to the home. However the information received on readmission with regard to wound care had not been formulated into a care plan or recorded within the patients notes; there were no triggers to alert staff to when the wound care was required to be delivered. There was no evaluation of wound care or skin condition recorded since the patient had been readmitted to the home. The registered nurse was not aware of the wound care needs of the identified patient prior to us bringing it to their attention. The registered person must ensure that there is proper provision for the nursing, health and welfare of patients. Patients’ needs must be clearly recorded and systems put in place to ensure the registered nurses are aware of the patients’ needs and that they receive the care they require. The registered manager provided assurances by email on 5 May 2017 with regard to the updating of care records and wound care.

As discussed in section 4.3 an agency nurse, who had not worked previously in the home, was on duty. The nurse and the deputy manager confirmed that an induction had been completed at the commencement of the shift. It is recommended that the induction process for nurses supplied by an agency is reviewed to ensure that the specific nursing needs of patients are clearly identified.

Residential units

We reviewed the care records of two patients. The care records of one patient had been updated to reflect the changes in their condition and care plans accurately reflected the patient’s needs. The second care record had not been reviewed and updated and the assessments and care plans did not accurately reflect the patient’s needs. A recommendation was made as a result of the previous care inspection that patients’ care plans are re-evaluated, and updated as

required, in response to their changing needs. This recommendation has been stated for a second time.

A body map had been completed for one patient two days prior to the inspection. Changes to skin condition were recorded. There were no records to evidence if any care had been delivered or if advice had been sought from healthcare professionals in response to the observed changes to the patient's skin. This issue must be included in the requirement that the registered person must ensure that there is proper provision for the nursing, health and welfare of patients. The registered manager confirmed by email on the 5 May 2017 that the identified patient was assessed by district nursing on 4 May 2017 and that appropriate equipment was now in place.

Following observation of care delivery we were concerned that patients were not being appropriately referred for reassessment to determine the most appropriate care setting. A review of care records and discussion with staff evidenced that some assessments had been completed by the Southern Health and Social Care Trust (SHSCT) however, there was no record of the outcome of the assessments and there was no clear pathway recorded for future care needs.

The registered manager confirmed by e mail on the 5 May 2017 that assessments had been completed prior to the inspection. They provided a comprehensive list of contacts with the SHSCT and explained that due to unplanned absence of Trust staff there had been a delay in progressing the outcome of the assessments. We were assured by the registered manager that plans were in place to ensure that patients were now appropriately placed. To ensure that staff are fully informed and that there are robust systems of communication, records of all referrals made, outcome of assessments and advice sought from health and social care trusts must be maintained in patients records, a recommendation was made.

We reviewed how information was communicated to staff. The deputy manager and staff confirmed that they 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. Areas for improvement in the sharing of patient information, both verbally and written have been identified. Compliance with the requirement and recommendations will further drive improvements in the communication of patient information.

Areas for improvement

Care plans must be in place to direct the care required to meet the patient's needs.

Patients' needs must be clearly recorded and systems put in place to ensure the registered nurses are aware of the patients' needs and that they received the care required.

The induction process for nurses supplied by an agency should be reviewed to ensure that the specific nursing needs of patients are clearly identified to the nurse.

A record of all referrals made and advice sought from health and social care trusts must be maintained in individual patient records.

Number of requirements	2	Number of recommendations	2
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4.5 Is care compassionate?

When we first visited the patients they were enjoying a mid-morning cup of tea. Patients were in the lounges, walking around the corridors or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. It was obvious from the interactions observed that staff knew the patients likes and dislikes.

All patients spoken with commented positively regarding the care they received and the caring and kind attitude of staff. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Discussion with patients individually and with others in smaller groups, confirmed that they were happy living in Rosemount. The following are examples of comments provided by patients:

“I like this place and get on well with everyone.”

“The food is nice.”

“They take good care of you.”

“I’m looking forward to the activities this afternoon and spending some time outside.”

We spoke with three relatives; they were satisfied with the standard of care, communication with staff and spoke highly of the atmosphere in the home.

We issued questionnaires for ten relatives; two were returned within the timescale for inclusion in this report. The relatives were either very satisfied or satisfied with the care provided across the four domains. No additional comments were provided.

Ten questionnaires were issued to nursing, care and ancillary staff; six were returned prior to the issue of this report. The staff members were very satisfied or satisfied with the care provided across the four domains. No additional comments were provided.

Any comments from relatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 evidenced that there was a clear organisational structure in the home. In discussion, patients and relatives were aware of the roles of staff in the home and to whom they should speak to if they had a concern; this included the reporting arrangements when the registered manager was off duty. Discussions with staff also confirmed that there were good working relationships; staff stated that management were responsive to any suggestions or concerns raised.

We reviewed the evidence available to ensure that the home was operating within the categories of care registered and the Statement of Purpose. As previously discussed the registered manager provided assurances following the inspection that patients had been appropriately referred for reassessment to determine the most appropriate care setting. The recommendation to ensure that robust systems of communication are maintained in the home must be also considered as an area for improvement within the well led domain.

The deputy manager confirmed that unannounced quality monitoring visits were completed on a monthly basis by an independent consultant and that a report was received. It is required that a copy of the report of the monthly visits is maintained in the home and available on request; the reports for visits undertaken in 2017 were not available when requested on the day of the inspection, a requirement has been made.

A copy of the reports for the visits undertaken from January – April 2017 was received by electronic mail on 5 May 2017. During the previous inspection a recommendation was made 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. As previously discussed in section 4.2 a review of the reports received evidenced that not all of the actions identified for completion had been reviewed during the next visit. This recommendation has not been met and is stated for a second time.

The areas for improvements identified in the previous care inspection have not been met and have been stated for a second time. In addition further areas for improvement were identified as a result of this inspection. Based on the inspection findings it was recommended that the registered manager review the systems they have in place which assure the safe and effective delivery of care within the home. A recommendation was made.

Areas for improvement

A copy of the report of the monthly monitoring visits must be maintained in the home and available on request.

The management systems in place which assure the safe and effective delivery of care within the home should be reviewed.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Ann McClure, deputy 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 the web portal 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

Requirement 1

Ref: Regulation 27(4)(c)

Stated: First time

To be completed by: Immediately from date of inspection

The registered provider must ensure that flammable items or materials are not stored at any time adjacent to escape route staircases.

Ref section 4.3

Response by registered provider detailing the actions taken:

On the day of inspection clothes for donation to charity had been placed in this area that morning as collection was due the same day.

Incontinence aids received from the Trust for residential clients had also been placed in this area that morning awaiting checking and deligation to individual residents.

Disgarded consumable dispensers were placed in this area awaiting collection by supplier. This was not the area the Manager had assigned for these to be stored.

All items were removed by 12.30hrs on the day of inspection.

Further notices have been placed in the stairwell areas to advise that they should NOT be used as storage areas for any items under any circumstances.

Requirement 2

Ref: Regulation 16(1)

Stated: First time

To be completed by: 31 May 2017

The registered provider must ensure that care plans are in place to direct the care required to meet the patient's needs.

Ref section 4.4

Response by registered provider detailing the actions taken:

On the day of inspection it was found that a residents re-assessment of needs and update was incomplete following re-admission from hospital, specifically in relation to wound careplans. The Nursing Sister fully revised the resident's needs on 4/5/17 and inserted any incomplete or missing documentation. This has been personally addressed with the re-admitting nurse who did not complete same at the correct time.

Requirement 3

Ref: Regulation 13(1)(a)

Stated: First time

To be completed by: 31 May 2017

The registered person must ensure that there is proper provision for the nursing, health and welfare of patients.

Patients' needs must be clearly recorded and systems put in place to ensure the registered nurses are aware of the patients' needs and that they received the care required.

Ref section 4.4

Response by registered provider detailing the actions taken:

On the day of inspection there were some residential clients who had progressed to nursing needs. This had been identified by the Manager and assessments requested from the placing Trusts in a timely manner. However, due to staffing issues within the Trust there has been considerable delay on transferring these residents to nursing units to

	<p>ensure their needs are provided for. One of these residents had noted skin condition changes and the Manager was made aware of this following the Bank holiday and subsequently had made a referral to district nursing services for pressure relief by phone and in person on 2/5/17. As no response had been received as to provision of same the Manager had only verbally reported to staff that a referral had been made. A pressure relieving mattress was implemented on 4/5/17 and the Manger entered a communication regarding same into the resident's file on return from sickness 5/5/17. Since the inspection all residential clients with identified nursing needs have been transferred to the appropriate nursing units internally or discharged to other care facilities as per families choosing.</p> <p>On the General nursing unit an Agency nurse was on duty who had not previously worked in Rosemount. An induction was given and a handover recieved. In such circumstances the Agency nurse is heavily guided by the second nurse on the opposite unit or the Deputy will provide assistance. We accept that there were no care plans in place to direct care in relation to a resident's needs on return from hospital and this information was further not availbale on the handover sheet. This has been addressed as per requirement 2 and a reminder has been made to all nurses on the importance of detailing handover reports.</p>
<p>Requirement 4</p> <p>Ref: Regulation 29(5)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person must ensure that a copy of the report of the monthly monitoring visits must be maintained in the home and available on request.</p> <p>Ref section 4.5</p> <p>Response by registered provider detailing the actions taken: Copies of monthly monitoring visit reports are recieved upon completion via email to the Manager. These are then reviewed and actioned by the Manager as appropriate and printed for display file. As the Manager was absent on the day of inspection due to sickness the yet unprinted copies could not be accessed from the Manager's email. Same were emailed to the inspector upon the Manager's return on 5/5/17. The Manager will in future have these available in the display file in a timely manner .</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 44.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2017</p>	<p>It is recommended that the planned redecoration work is commenced in a timely manner and the new furniture distributed.</p> <p>Ref section 4.2 and 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: Planned redecoration works have been subject to the availability of supplies and contractors. From the date of inspection we have now addressed areas identified in the previous QUIP and additional areas to include a full refurbishment of both Willow and Jasmine lounge/diners with new furniture placement, reflooring of 1 bedroom and 3 toilets, and redecoration of a further 2 bedrooms. Further works are planned for servery refurbishment on the nursing floor (this has been quoted and is awaiting contractor availability) and completion of the Activity and Sensory rooms development. Due to extent of planned works, reliance on supplier/contractor availability and the need to minimise disruption to resident's these further works cannot be completed by the timescale given of 31/5/17. However, we are doing everything possible to at least have these commenced in the near future and completed by end August 2017. A new supplier of toilet seats has been sourced and all identified loose seats have been replaced with new models that have 'snap secure' fixings.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2017</p>	<p>It is recommended that patients care plans are re-evaluated, and updated as required, in response to their changing needs</p> <p>Ref section 4.2 and 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The careplans identified as requiring update at the previous inspection had been completed with immediate effect. As per requirement 2 above the issues identified on the day of inspection relating to the care file of a resident in the General nursing unit had all needs reassessed and careplans implemented as appropriate by 4/5/17. One record in the Residential unit did not demonstrate that assessments and careplans had been updated to reflect current needs, this had in fact already been identified through our audit process and the action plan was in file with a timescale for the Named Senior carer to complete these areas. This was addressed within the audit tool timescale, reviewed as complete and signed off by the Manager.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>It is recommended that staff meetings take place on a regular basis and at a minimum quarterly.</p> <p>Ref section 4.2</p> <hr/> <p>Response by registered provider detailing the actions taken: Staff meetings have occurred quarterly and minutes with action points in</p>

31 May 2017	progress/completed were held by the Manager and not available on the day of inspection due to sickness. These are now available with further meetings planned.
<p>Recommendation 4</p> <p>Ref: Standard 35.7</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2017</p>	<p>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.</p> <p>Ref section 4.2 and 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: On seeking further clarification from the inspector as to expectations in respect of monthly monitoring visit reports this has been shared with the nominated person conducting same. Going forward all required actions identified on the visit will be listed at the end of the report document. These will be carried forward to the following monthly monitoring visit report action plan which will identify specific actions to be taken, a timescale for achieving same and/or any reasons for difficulty in completing. Those action points which have been completed will state this and be removed from any subsequent monthly monitoring visit reports.</p>
<p>Recommendation 5</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should ensure that at all times suitably qualified, competent and experienced staff are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>The staffing in the identified residential unit should be reviewed to ensure there are sufficient staff on duty to meet the needs of the patients and provide appropriate supervision.</p> <p>Ref section 4.3</p> <hr/> <p>Response by registered provider detailing the actions taken: An extra Care assistant was assigned to the Willow Residential unit 8-5pm whilst we were experiencing increased dependency. This ceased on 9/5/17 when dependency returned to a manageable level following the transfer of 1 resident to the Dementia nursing unit and 1 being admitted to hospital.</p>
<p>Recommendation 6</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person should ensure that the induction process for nurses supplied by an agency is reviewed to ensure that the specific nursing needs of patients are clearly identified to the nurse.</p> <p>Ref section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: The Agency induction procedure and checklist has been reviewed and updated to ensure the nurse has received a detailed handover report of current specific needs. A summary pre-printed handover report is also provided identifying general nursing needs which will serve as an aide memoire to refer to throughout their shift .</p>

<p>Recommendation 7</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person must ensure that records of all referrals made and advice sought from health and social care trusts are maintained in individual patient records.</p> <p>Ref section 4.4</p> <p>Response by registered provider detailing the actions taken: As stated in section 4.4 appropriate referrals had been made for reassessment of residents needs to the local Trust by the Manager and resident files reviewed evidenced that some such assessments had taken place but due to staffing issues within the Trust no formal outcomes had been received. As also stated the Manager was able to provide the inspector with details of all contact made by her to the Trust either verbally or by email to pursue the outcomes of these assessments and have residents placed appropriately. These communications were relayed verbally to staff by the Manager to ensure they were fully updated and informed of ongoing progress in addressing residents changing needs. Whilst it is not possible to record outcomes on residents files if this information is not available from Trust personnel the Manager will ensure going forward that all contact made with the Trust regarding referrals, assessment outcome updates or advice sought will be recorded. This will provide documented evidence in support of and in addition to verbal communications made to staff.</p>
<p>Recommendation 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person must ensure that the management systems in place which assure the safe and effective delivery of care within the home are reviewed.</p> <p>Ref section 4.6</p> <p>Response by registered provider detailing the actions taken: Safe and effective delivery of care has been hampered by the absence of Trust personnel and this had been raised with them prior to the inspection. Furthermore as the Manager was unavailable on the day of inspection due to sickness, evidence to support there is a 'well led service' was not fully demonstrable. The Manager does retain all email trails, maintains a thorough personal diary of all actions needed/taken and communicates required information to staff daily. However, it is accepted that robust systems of communication could be further improved by supporting these with written records in resident files. This will be the case going forward. It is necessary for management to prioritise tasks on a daily basis taking into account unforeseen circumstances and workload/time constraints which does on occasion lead to delays in completion of tasks deemed as less urgent in relation to those that directly effect care delivery.</p>

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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews