

Inspection Report

1 May 2024



Rose Court Nursing Home

Type of service: Nursing Home

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual: Mrs Tracey Anderson	Registered Manager: Ms Diana Pahome – not registered
Person in charge at the time of inspection: Rebecca Lawson- Registered Nurse	Number of registered places: 18 A maximum of 18 patients in category NH-DE to be accommodated in the Braid Suite
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: <p>This home is a registered nursing home which provides nursing care for up to 18 patients. The Braid unit is situated over part of the ground floor of a two storey building; the unit provides nursing care for people living with dementia. The unit has a communal lounge and dining area and access to a mature secure garden.</p> <p>There is a residential care home which occupies part of the ground floor and the first floor of the home. The residential care home has separate management arrangements.</p>	

2.0 Inspection summary

An unannounced inspection took place on 1 May 2024, from 9.50 am to 5.40 pm by a care inspector.

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

One area for improvement was identified during this inspection in regard to fire safety and is discussed within the main body of the report and Section 6.0.

It was evident that staff promoted the dignity and well-being of patients by respecting their personal preferences and choices throughout the day. Discussion with staff identified that they had a good knowledge of patients' needs and had relevant training to deliver safe and effective care. Staff provided care in a compassionate manner and were sensitive to patients' wishes.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Rose Court Nursing Home was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with Tracey Anderson, Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

Patients who were able to share their opinions on life in the home said they were well looked after. Patients who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff spoken with said that Rose Court Nursing Home was a good place to work and that they thoroughly enjoyed working with the patients. However, a number of staff raised concerns in regard to working relationships. The individual staff comments were discussed in detail with the management team who agreed to action.

A relative spoken with was complimentary about the care provided in the home and advised the staff were very good on keeping them up to date.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff.

There was no response received from the questionnaires or the online staff 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 15 June 2023		
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.9 Stated: First time	The registered person shall ensure an accurate and up to date care record is maintained for skin care and pressure area care for those patients who require this.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 30 Stated: First time	The registered person shall review the medicines stock control process to ensure a regular system of date checking is implemented and medicine stock levels are maintained to an appropriate level.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments. A number of these assessments were noted not to have been reviewed recently; the manager provided written confirmation that these were updated after the inspection.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

5.2.2 Care Delivery and Record Keeping

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patient's needs including, for example, their daily routine preferences. Staff respected patients' privacy and dignity by offering personal care to patients discreetly. It was also observed that staff discussed patients' care in a confidential manner.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well maintained.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned. Minor deficits were identified in the care records, these were discussed with the nurse in charge who agreed to review the patients care records and update them.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients told us that they enjoyed their meal.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

Staff informed us that there was a lack of clean linen, on investigation it was apparent a trolley of clean linen was in the laundry waiting to be delivered to the unit. However, observation of the laundry environment which is shared with the residential home and located within another unit of the home; identified fire safety concerns; a fire door was observed obstructed with a number of full laundry sacks which had been placed in front of it. This was brought to management's attention for their immediate action. An area for improvement was identified.

Discussion with the laundry staff raised concern regarding work pressures; this was also discussed with the management team who advised that they were aware of these issues and that larger laundry machines have been procured in an attempt to reduce this pressure. This will be followed up on the next care inspection.

Within the Braid unit corridors and fire exits were clear from clutter and obstruction.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the noticeboard advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions. It was positive to observe activity documentation within the bedrooms of those patients who could not leave their rooms for various reasons, the activity staff member spent time with these patients on a 1-1 basis and kept a record of these interactions.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Diana Pahome has been the manager of the home since 2 October 2023.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

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/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	1*

*the total number of areas for improvement includes one standard which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Tracey Anderson, Responsible Individual, 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 27 (4) (b) Stated: First time To be completed by: 1 May 2024	The registered person shall ensure the following in regard to fire safety arrangements: <ul style="list-style-type: none"> The laundry is effectively monitored to ensure fire doors are not obstructed. Ref: 5.2.3
	Response by registered person detailing the actions taken: -Supervision given to all staff to ensure fire doors are not obstructed -Daily checks done by the manager to ensure that the fire doors are not obstructed .
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 30 Stated: First time To be completed by: 15 June 2023	The registered person shall review the medicines stock control process to ensure a regular system of date checking is implemented and medicine stock levels are maintained to an appropriate level. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



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