



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 2 July 2019



Rose Court Nursing Home

Type of Service: Nursing Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Tel No: 028 2564 8165

Inspector: Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 18 patients.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Andrea Harkness 24 January 2019
Person in charge at the time of inspection: Andrea Harkness	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

4.0 Inspection summary

An unannounced inspection took place on 02 July 2019 from 09.10 to 19.00 hours.

The inspection assessed progress with areas for improvement identified in the home 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.

Evidence of good practice was found in relation to staff interaction with patients, dining experience, training, record keeping, activities and the environment in the home.

Areas requiring improvement were identified in relation to decontamination of multi-use manual handling equipment, continuation of neurological observations, meaningful evaluation of fluid intake and using correct utensils when assisting with food.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Harkness, 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 23 June to 20 July 2019
- 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 and induction files
- four patient care records

- patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from April 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the two areas for improvement made, both were met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager confirmed the staffing levels for the home and a review of the duty rota from the 23 June to 20 July 2019 confirmed that the planned staffing levels were adhered to. Staff allocated to a one to one shift were clearly identified on the rota. Rotas also confirmed that the catering and housekeeping staff were also available to meet the needs of the patient and support the nursing and care staff.

Staff spoken with were satisfied there were sufficient staff on duty to meet the needs of the patients and did not raise any concerns about staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Staff attended to patients' needs in a timely and caring manner; call bells were answered promptly and staff were observed to be helpful and attentive towards patients.

We sought staff opinion via an online questionnaire and no responses were received.

Patients spoke in positive terms about their experience in the home. Comments included: "Girls are lovely, plenty of them."

We sought the opinions of patients and their relatives via questionnaires none were returned.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, adult safeguarding. The manager confirmed that dementia training was being sourced for staff.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding, their duty to report concerns, what and who to report to.

A review of the homes environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was warm, fresh smelling and clean throughout. Fire exits and corridors were clear of clutter and obstruction. In one sluice there was a trolley stored with equipment and toiletries. This was discussed with the manager and during the inspection the trolley was removed and disposed of as new trolleys for linen had been purchased.

A review of the laundry identified very good systems in place for the management of patients' clothing which included actions to take when clothing was observed to be damaged and the record keeping in relation to this. The house keeper evidenced systems in place to maintain the hygiene in the home, the daily and deep cleaning schedules.

On discussion with staff around the decontamination of communally used hoist slings between uses, it was identified that there was not a clear system in place and an area for improvement was identified. We clarified that those patients with an identified infection had their own personal sling.

A review of the accidents and incidents evidenced that staff were aware of their roles and responsibilities in falls management. It was noted in one patient's accident records that, where the patient had the potential to sustain a head injury, neurological observations were not recorded over the minimum 24 hour period. This was identified as an area of improvement.

Review of two staff recruitment files evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. The induction process was discussed with a new member of staff who confirmed induction and relevant training was completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to housekeeping and laundry services, staffing, staff training, and recruitment.

Areas for improvement

The following areas were identified for improvement in relation to decontamination of slings between use and ensuring neurological observations are continues for minimum 24 hours.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The care delivery to patients throughout the inspection was observed and it was obvious staff knew their patients well and had a good understanding of their care needs. It was observed that patients received the right care at the right time. Staff demonstrated effective communication skills and were seen to attend to patients in a caring manner.

Four patients care records were reviewed and these evidenced that care plans were in place to direct the care provided and were reviewed regularly. The management of falls, wound care, nutrition and restrictive practice such as the use of bedrails were reviewed. Care records included individualised and detailed plans of care which were kept under regular review and records also evidenced referrals to the multi-disciplinary team and evidenced that recommendations were followed.

Risk assessments were in place for patients and it was observed that two different tools for the assessment of nutritional risk, pressure sore risk and dependency levels were completed and in place for each patient. This was discussed with the manager and she agreed to review and decide on which tool to use going forward.

Each patient had a calculated daily fluid target to meet. It was noted that at times the daily evaluation of care was not fully reflective of the intake. This was discussed with the manager and an area for improvement was identified.

Patients nutritional needs had been identified and validated risk assessments were completed to inform care planning. Patients' weights were monitored on at least a monthly basis and there was evidence of referral to, and recommendations from, the dietician and the speech and language therapist (SLT) where required. Review of supplemental care records evidenced that patients' daily food and fluid intake was recorded and these records were up to date.

The management of falls in the home was reviewed; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Patient's risk assessments and care plans were reviewed and updated following a fall.

Care records for the management of the use of bedrails were also reviewed. These could potentially restrict a patient's choice and control and we found that the appropriate validated risk assessments had been completed. Care plans evidenced a rationale for the use of bedrails and were regularly reviewed. There evidence of consultation with the patient and/or their relative and consent for use had been obtained.

Wound care records were reviewed for one patient with a wound requiring regular dressings. Staff had documented the plan of care following the guidelines from the tissue viability nurse (TVN) which were included in the care plan. These directions were observed to be adhered to on review of the wound assessment and evaluation chart.

Patients’ visitors spoken with were satisfied that care delivery was effective and met the needs of their relative, comments included

“Staff are great, I couldn’t praise them enough.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care, care records reflecting guidance of other professionals, restrictive practice and staff communication.

Areas for improvement

An area for improvement was identified in relation to monitoring fluid intake in daily progress notes to ensure that fluid targets are met.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection we spoke to four patients and three visitors and discussed their experience in the home. Patients who could not express their feelings appeared relaxed and well cared for. Patients were well presented, their clothes had obviously been chosen with care and attention had also been paid to nail and haircare.

We observed the serving of lunch in the dining room; the menu was displayed for the patients at the table in pictorial form. The dining room was clean and tidy with condiments available on the tables. Staff assisted patients into the dining area, ensured they were comfortable and had clothing protectors if necessary. Patients were offered a selection of drinks and staff demonstrated their knowledge of how to thicken fluids if required. Staff also demonstrated their knowledge of patient likes and dislikes.

The radio was playing in the background and staff engaged in conversations with patients throughout the mealtime. Staff also ensured that patients, requiring their lunch to be served on trays in their rooms and/or assistance with eating and drinking, received their meal in a timely manner. A staff nurse was overseeing the mealtime and staff had an effective system in place to ensure all patients were catered for and that a record was kept of individual patients’ food and fluid intake. However it was observed that teaspoons as directed by the speech and language therapist when feeding a patient on modified diet was not used; this was discussed with the manager and area for improvement identified.

Staff communicated effectively with patients throughout the meal, for example, they reminded them that food was likely to be hot and asked if they had enjoyed their meal. They also used verbal prompts encouraging the patients to eat. The mealtime was observed to be an unhurried and pleasant experience for patients.

The food received positive comments from patients:

“Enjoyed that.”
“Lovely.”

Concerns were raised by a visitor around the pending implementation of protected mealtimes, the standard of the food and some of the menu choices. The visitor did confirm that alternative options were available if her relative did not like the food on offer. This was discussed with the manager who was aware of the concerns and discussed how these were managed and changes that had been made and agreed to follow this up.

In the afternoon staff were observed engaging patients in activity, chatting and singing with them and the planned activities for the day were also ongoing.

During conversations staff confirmed that they receive a comprehensive handover and regular staff meetings were held. Staff spoken with were positive about teamwork and morale within the home and observation of the daily routine evidenced that staff worked well together. Staff demonstrated their knowledge of their own roles and responsibilities. Comments from staff included:

“Love it.”
“Team, we are all close and get on well.”
“Andrea is fantastic, approachable but takes no nonsense.”
“Love my work.”
“Supported every step of the way.”

Discussion with patients and patients’ visitors about the activities on offer evidenced that these were suitable and enjoyable.

Patients appeared contented in their surroundings and expressed positive comments about the home and also about the staff such as:

“Like it.”
“Girls are lovely.”
“All nice girls.”
“Good.”
“Had a good night’s sleep.”

Visitors present during the inspection made comments such as:

“Mum is really happy here.”
“Great activities.”
“Staff are great couldn’t praise them enough, place is clean and smells nice.”
“Staff are excellent, co-operative.”
“Care and care workers are great, activities great.”

Other compliments from kept cards were:

“Thank you everyone who cared for mummy and helped her on her way to recovery.”
 “Thank you for the excellent care you gave our mother.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience, staff interaction with patients and activity for patients.

Areas for improvement

The following area was identified for improvement in relation to ensuring the correct utensil is used when assisting the identified patient with their meal.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which it was registered.

Discussion with staff and visitors confirmed that the manager’s availability allowed for plenty of time to meet with her if necessary and that she was approachable and accessible.

A sample of reports of monthly monitoring visits, carried out by the registered provider was reviewed. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan in place.

Discussion with the manager and review of a selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed on, for example, accidents/incidents, infection prevention and control measures, falls, complaints and care plans.

The manager evidenced also the development of a new hand hygiene audit tool to be implemented in the home.

Evidence was provided to ensure systems were in place for ongoing supervision and appraisal for the staff in the home.

Minutes of staff meetings and the observation of flash meetings in the home evidenced how information was communicated to staff.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff were reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

We reviewed the system in place for managing complaints and the manager demonstrated her knowledge of how to effectively deal with a complaint. Patients and patients' visitors spoken with knew who to speak to if they had a concern or a complaint.

Discussion with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Harkness, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: Immediately from the date of inspection.	The registered person shall ensure that best practice guidance is adhered to for post falls management in regard to unwitnessed falls. Ref: 6.3 Response by registered person detailing the actions taken: A new post falls document has now been devised and implemented post any unwitnessed fall or a fall with a suspected head injury. Once complete this is provided to the manager to sign off.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 46 (2) Stated: First time To be completed by: 30 August 2019	The registered person shall ensure a system is in place for decontamination of all multi-use manual handling equipment. Ref: 6.3 Response by registered person detailing the actions taken: All residents have now been allocated an individualised sling each.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: Immediately from day of inspection.	The registered person shall ensure when a low daily fluid intake is recorded the care evaluation includes actions taken in response. Ref: 6.4 Response by registered person detailing the actions taken: Nursing staff now take the resident care files when completing the daily evaluation notes to ensure they are aware of low intakes and can document the actions they are taking and reasons for low intake
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: Immediately from day of inspection	The registered person shall ensure when staff are assisting patients with their meal that utensils used reflect the recommendations of the speech and language therapist. Ref: 6.5 Response by registered person detailing the actions taken: Another order of teaspoons have been delivered to the home. It has been discussed with all staff the importance of adhering to the Speech and language advise for each resident.

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



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