



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 4 February 2020



Rose Court Nursing Home

Type of Service: Nursing Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Tel No: 028 2564 8165

Inspector: Stephen O'Connor

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: Mr Gavin O'Hare-Connolly	Registered Manager and date registered: Ms Carol Grinnell - acting manager
Person in charge at the time of inspection: Ms Carol Grinnell	Number of registered places: 18 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 4 February 2020 from 09:50 to 14:50.

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 DoH Care Standards for Nursing Homes 2015.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection. Areas for improvement in respect of the previous care inspection have also been reviewed and validated as required.

The following areas were examined during the inspection:

- the environment
- nutrition and hydration
- falls management
- care records
- registration issues
- consultation

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Evidence of good practice was found in relation to nutrition and hydration, and falls management.

An area requiring improvement was identified in regards to ensuring items are not stored on the floor in order to be able to effectively clean floors.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Carol Grinnell, manager, and two members of the senior management team in Runwood Homes Ltd, the regional operational director and an internal compliance inspector, 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 2 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2019. 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

During the inspection the inspector met with one patient, five patients' relatives and four staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- incident and accident records
- three patient care records
- patient care charts including food and fluid intake charts
- a sample of governance audits/records
- complaints record
- a sample of reports of visits by the registered provider/monthly monitoring reports

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 areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure that best practice guidance is adhered to for post falls management in regard to unwitnessed falls.	Met
	Action taken as confirmed during the inspection: Prior to the inspection all notifications submitted to RQIA following the previous inspection were reviewed. The review identified three of the submitted notifications pertained to falls. During the inspection records pertaining to the management of the three identified falls were reviewed. This evidenced that the falls were managed in accordance with best practice guidance. Post falls guidance was observed to be displayed in the nursing station.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 (2) Stated: First time	The registered person shall ensure a system is in place for decontamination of all multi-use manual handling equipment.	Met
	Action taken as confirmed during the inspection: During discussion staff described how they decontaminate multi-use manual handling equipment after each use. Multi-use manual handling equipment was observed to be clean. This equipment has been included in a weekly cleaning schedule, cleaning schedules were observed to be thoroughly completed. It was suggested that Ms Grinnell introduce 'spot checks' to provide assurance that equipment is being cleaned in accordance with schedules.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure when a low daily fluid intake is recorded the care evaluation includes actions taken in response.	Met
	Action taken as confirmed during the inspection: It was confirmed that the daily fluid intake is recorded for all patients. Review of patient records evidenced that each patient has a daily fluid intake target. Staff were able to describe the procedure to be followed should a patient not achieve their daily fluid intake target. Review of records evidenced that when a patient did not achieve their daily fluid intake target that appropriate actions were taken.	
Area for improvement 3 Ref: Standard 12 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Staff were knowledgeable in regards to the capabilities of patients to eat independently; the level of assistance required by individual patients and the recommendations of speech and language therapist. Staff were observed to assist patients using the utensils specified by speech and language therapists. However, during observation of the lunch time meal one patient who ate independently was experiencing some difficulty. This is discussed further in section 6.2 of this report.	

6.2 Inspection findings

The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, the lounge and dining rooms and storage areas. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home.

We observed that in some designated storage rooms, items were being directly stored on the floor. This is not in keeping with infection prevention and control best practice guidance as flooring cannot be effectively cleaned. This was discussed during feedback. We were informed that a request to install shelving in the storage rooms to prevent items being stored directly on the floor would be generated. An area for improvement against the standards has been in this regard.

Nutrition and hydration

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed three patients' hydration records. As discussed review of these records and discussion with staff evidenced that the appropriate procedure was followed when it was identified that a patient had not achieved their daily fluid intake target.

We reviewed the lunchtime meal experience in the home. Lunch commenced at 12.30 hours. Patients dined in the main dining area adjacent to the lounge or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with patient's menu selection. The food was only served when patients were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

One patient who ate independently was observed to be experiencing some difficulty loading food onto his fork. The food was being pushed off the edge of the plate to the table or on some occasions his lap. We felt that in order to maintain his independence this patient may have benefited from using a plate guard or a plate/bowl with a high side making it easier to load food onto his fork. This was discussed with the staff in the dining room who confirmed these aids were not available in the home. This was discussed during feedback. Ms Grinnell confirmed that specially designed cutlery or crockery would be sourced and made available in the home. On 7 February 2020 it was confirmed by email that plate guards had been ordered.

Falls management

As discussed, review of three patients' records and discussion with staff evidenced that falls in the home had been managed in accordance with best practice. Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident records had been maintained appropriately. Central nervous system observations had been conducted and monitored for 72 hours following a head injury or an unwitnessed fall. The appropriate persons had been notified of the fall.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible.

Care records

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

The most recent admission to the home was a patient admitted directly from the residential home that is operated by Runwood homes in the same building. It was noted that the date of admission recorded on the electronic notes was the date the patient was admitted to the residential home. During feedback the importance of ensuring that the admission procedure for all patients admitted is followed irrespective of where the patient is admitted from. The date of admission was amended during the inspection to record the date the patient was admitted to the nursing home.

Registration Issues

On 23 October 2019 a notification of absence application in respect of Ms Andrea Harkness was submitted to RQIA. This application was approved with effect on 22 November 2019. Ms Carol Grinnell is the acting manager of Rose Court Nursing Home and has submitted a registered manager application to RQIA.

Consultation

During the inspection we consulted with one patient, five patients' relatives and four staff. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others. The patient spoken with stated that she was comfortable and had no concerns.

The five relatives consulted spoke positively in relation to the care provision in the home. Relatives indicated that staff were caring and compassionate, that staff knew the patients really well and that they had no concerns or worries in relation to the standard of care being delivered. All relatives confirmed they felt they could voice a concern to staff or management. One relative commented that on occasions the choice of food offered for patients who require a specialised diet can be limited. This was discussed with Ms Grinnell who agreed to review menu options with the catering manager.

No completed patient or staff questionnaires were submitted to RQIA following the inspection.

Areas for improvement

The following area was identified for improvement in relation to ensuring that items are not stored on the floor to ensure floors can be effectively cleaned.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms Carol Grinnell, manager, and two members of the senior management team in Runwood Homes Ltd, the regional operational director and an internal compliance inspector, 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

An area for improvement has 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 46 Criteria (2)</p> <p>Stated: First time</p> <p>To be completed by: 3 March 2020</p>	<p>The registered person shall ensure that items are not stored on the floor in order to ensure that floors can be effectively cleaned in accordance with best practice guidance.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Palette in situ 21/02/2020. All boxes now raised from floor level and surrounding floor can be cleaned.</p>
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Please ensure this document is completed in full and returned via Web Portal



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