



Unannounced Care Inspection Report 11 August 2020



Rose Court Nursing Home

Type of Service: Nursing Home (NH)

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Tel No: 028 25648165

Inspector: Linda Parkes

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 nursing home registered to provide nursing care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Dana Patterson – registration pending
Person in charge at the time of inspection: Antonette Andino – registered nurse 09.40 – 11.50 Dana Patterson – manager 11.50 – 16.45	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: 17

4.0 Inspection summary

An unannounced inspection took place on 11 August 2020 from 09.40 to 16.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- The environment/Infection Prevention and Control
- Staffing and care delivery
- Patients' records
- Governance and management.

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	4	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Dana Patterson, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- 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 QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with two patients individually, small groups of patients in the lounge and seven staff. Questionnaires were 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. No staff responses were received within the timescale specified. The inspector provided the manager with 'Have we missed you cards' which were then 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.

The following records were examined during the inspection:

- duty rotas from 2 to 15 August 2020
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two patients' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: First time	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	Met
	Action taken as confirmed during the inspection: Discussion with the manager and observation of identified store rooms evidenced that items were not stored on the floor. Wooden pallets were seen to be in place and were used appropriately to store items in order to ensure that the floor could be effectively cleaned. This area for improvement has been met.	

6.2 Inspection findings

6.2.1 The internal environment/Infection Prevention and Control

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

It was noted that the cleaner's store had a key pad in place and was locked appropriately. The manager advised that new flooring for the cleaner's store had been ordered and they were awaiting commencement of the work. New shelving in the store was observed. The house keeper advised that new sheets and towels had been purchased and there were adequate supplies of clean laundry in the unit.

It was observed that the 'caution wet floor signs' were not displayed in two bedrooms after the staff member had mopped the floors which could potentially cause a slip hazard. This was discussed with the manager, who advised that refresher training would be arranged for the staff member to attend. An area for improvement under regulation was identified.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice.

On inspection it was observed that the treatment room door was unlocked and the registered nurse was not in the area. It was concerning that two medicine cupboards and the medicine refrigerator were not locked and patient medication could be easily accessed. It was noted that oxygen cylinders and shelves containing patients' supplements were also stored in the treatment room. This was discussed with the manager and the registered nurse on duty. At the end of the inspection the manager advised that supervision had been completed with the registered nurse regarding the importance of any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients. An area for improvement was identified under regulation.

Observation of the archive store room evidenced that the door was unlocked and that chemicals and cleaning products could be easily accessed. This does not comply with Control of Substances Hazardous to Health (COSHH) and was discussed with the manager who ensured that the cleaning products were moved immediately to the locked cleaner's store. An area of improvement under regulation was identified.

It was noted that the door of a second store room within the archive room was open and boxes of archived patient records and information could be easily accessed. This does not adhere to management of records in accordance with legislative requirements and best practice guidance and was discussed with the manager who ensured the door was locked immediately. An area for improvement under standards was identified.

An identified corridor leading to a fire exit in the unit was observed to have two hoists and a trolley with personal protective equipment (PPE) stored on it with a waste bin positioned beside the trolley that would cause an obstruction should the home need to be evacuated in an emergency. On the day of inspection the manager arranged for the maintenance man to organise space in a store room so that the hoists could be removed from the corridor. The manager advised she would arrange for a wall mounted PPE dispensing unit to be installed in the corridor and that the trolley would be removed. An area for improvement under regulation was identified.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 2 to 15 August 2020 evidenced that the planned staffing levels were adhered to. The manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. Staff members spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

We observed that personal protective equipment, for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rose Court Nursing Home. We also sought the opinion of patients and their representatives on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Two patients commented:

“I’m ok and well looked after.”

“The staff are nice and I enjoy it here.”

After lunch, the activity therapist was observed to facilitate a reminiscence activity in the lounge with the aid of a picture book and the singing of familiar songs to enable patients to remember past events and experiences that make memories. A patient spoken with reflected on office skills in shorthand and typewriting that she had learnt during her career.

The registered nurse in charge of the unit advised that patient visits were facilitated in the visitor’s café or the garden area in order to keep patients and their visitors safe by adhering to government guidelines regarding social distancing during the pandemic.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with staff evidenced that nursing and care staff 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.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

6.2.3 Patient records

Review of two patients’ care record evidenced that care plans regarding falls management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed. Central Nervous System (CNS) observations had been conducted and monitored for 24 hours following a head injury or an unwitnessed fall.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

The manager advised that there were currently no patients with wounds in the unit.

6.2.4 Governance and management

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the 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. 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. We discussed staff training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). The manager advised that she had not completed training regarding DoLS and would ensure that she would access and complete DoLS training as soon as possible. A number of staff had completed training but not all employed staff in the home had completed DoLS level two training. An area for improvement was identified.

Discussion with the manager and 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 health and safety, mattress audits, infection prevention and control (IPC) practices including hand hygiene and personal protective equipment (PPE) including the donning and doffing of PPE.

We reviewed accidents/incidents records from 20 March to 31 July 2020 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the manager and review of a selection of records from 1 July to 20 July 2020 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients spoken with expressed their confidence in raising concerns with the home's staff and management.

Two staff members commented:

"Dana (manager) provides good support. She listens and I am confident that any issues would be addressed appropriately."

“The manager works tirelessly. I have no concerns. We are a good team.”

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, infection prevention and control (IPC), regarding the cleanliness of the environment and the personalisation of the patients’ bedrooms. Good practice was found in relation to risk management, management of accidents/incidents and communication between patients, staff and other professionals.

Areas for improvement

Six areas for improvement were identified regarding the health and welfare of patients, in relation to the secure storage of medication, regarding Control of Substances Hazardous to Health (COSHH), the safe storage of patients’ records and information, fire exits to be kept clear of obstruction and the provision of Deprivation of Liberty Safeguards (DoLS) training.

	Regulations	Standards
Total number of areas for improvement	4	2

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and regarding the use of personal protective equipment. Measures had been put in place in relation to infection prevention and control, to keep patients, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Good practice was observed during the inspection regarding good working relationships.

Correspondence from the manager 3 September 2020 advised that the domestic staff member has completed refresher training regarding the placement of ‘wet floor signs’ after floors have been mopped in order to avoid a slip hazard and that staff have completed level two Deprivation of Liberty Safeguards (DoLS) training. The manager advised that she will complete DoLS training as soon as possible as it has been delayed due to work commitments during the pandemic.

The Fire Risk Assessment (FRA) for the premises was received by RQIA on 17 August 2020 and the recommended review date for the FRA is 30 September 2020.

Enforcement action did not result from the findings of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dana Patterson, 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 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) (a) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure in relation to health and welfare that wet floors in the home are signed at all times in order to prevent a slip hazard.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Staff instructed to ensure wet floor signs placed where appropriate. Additional wet floor signs purchased.</p>
Area for improvement 2 Ref: Regulation 13 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Staff nurse given a supervision for not locking door on 11/08/2020 Keep door locked sign already in place.</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Cleaning products where removed on the day of inspection and placed in cleaners locked store to comply with COSHH. Stores checked daily on managers walk round.</p>
Area for improvement 4 Ref: Regulation 27.4 (c) (d) (iii) Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that access to fire exits are kept clear and are free from obstruction.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Hoists stored in store when not in use and fully charged. Fire risk assessment completed. PPE trolley removed and replaced by a Dani centre on the wall.</p>

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 37 Stated: First time To be completed: Immediate action required	The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards. Ref: 6.2.1. Response by registered person detailing the actions taken: Archive store locked and sign in place, checked daily on managers walk round.
Area for improvement 2 Ref: Standard 39 Stated: First time To be completed by: 30 November 2020	The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS). Ref: 6.2.4 Response by registered person detailing the actions taken: 3 new staff to complete training.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)