

Unannounced Care Inspection Report 30 April 2018



Rose Court Nursing Home

Type of Service: Nursing Home
Address: 30 Westbourne Avenue, Ballymena, BT43 5LW
Tel No: 028 2564 8165
Inspector: Kieran McCormick

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 49 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare - Connolly	Registered Manager: Dr Pauline Hunter – Registration pending
Person in charge at the time of inspection: Dr Pauline Hunter - Manager	Date manager registered: Dr Pauline Hunter - application received - registration pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 49 comprising: 18 NH - DE 31 NH - I, PH, PH(E) and TI

4.0 Inspection summary

An unannounced inspection took place on 30 April 2018 from 10.00 to 17.20 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the arrangements for the provision of activities, care records, staff training and development, induction, adult safeguarding and record keeping. There was also evidence of good practice identified in relation to the management of complaints and accidents/incidents.

Areas requiring improvement were identified and include the communal use of clothing, the provision of snacks to those on a modified diet, assessment and management of fluid intake and action planning post auditing.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*4

*The total number of areas for improvement include one which has been stated for a second time and which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dr Pauline Hunter, Manager, Gavin O'Hare – Connolly, Responsible Individual, Andrea Harkness, Deputy Manager, Amanda Leitch, Head of Quality and Governance and Rosemary Dilworth, Regional Operations Director, 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 6 and 7 December 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 6 and 7 December 2017. 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

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with six patients and 18 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door.

The following records were examined during the inspection:

- duty rota for all staff from 15 to 28 April 2018
- 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 staff recruitment and induction files
- staff appraisal and supervision planner
- staff meetings planner for 2018
- adult safeguarding records
- three patient care records
- three patient supplementary care records
- a selection of governance audits
- training records
- nurse in charge competency assessments
- annual quality report
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care 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 the most recent inspection dated 6 and 7 December 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector and will be validated at this care inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 and 7 December 2017

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 (4) Stated: First time	The registered person shall ensure that events affecting the health, safety and well-being of patients are communicated to management in a timely manner.	Met
	Action taken as confirmed during the inspection: The registered manager advised that they complete a walkabout of the whole home morning and afternoon. Group emails have now been set up to enhance communication and a manager's handover report is completed daily and left for the home manager.	
Area for improvement 2 Ref: Regulation 18 (2) (j) Stated: First time	The registered person shall ensure that preventable malodours are managed appropriately and in a timely manner.	Met
	Action taken as confirmed during the inspection: No malodours were detected during the course of this inspection, the home appeared clean and fresh smelling throughout the day.	
Area for improvement 3 Ref: Regulation 12 (2) Stated: First time	The registered person shall ensure that all aids and equipment used in the home are fit for purpose and meet IPC requirements, specifically chairs, seat cushions and bed mattresses.	Met
	An action plan with timescales shall be submitted to RQIA with the return of the QIP.	
	Action taken as confirmed during the inspection: No infection prevention and control (IPC) concerns were observed, identified or raised during the course of this inspection.	
Area for improvement 4 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that deficits identified in relation to infection prevention and control practices are addressed.	Met

	<p>Action taken as confirmed during the inspection: No IPC concerns were observed, identified or raised during the course of this inspection.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that if handover sheets are to be used by staff during handover meetings that this practice is implemented consistently throughout the home and their use monitored in order to ensure effective compliance.</p> <p>Action taken as confirmed during the inspection: Staff who met with the inspector confirmed that they attend the shift handover. All staff receive a handover sheet with essential patient information and an area to record their own notes.</p>	Met
<p>Area for improvement 2 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure there are adequate supplies of bed linen to meet the needs of the patients accommodated.</p> <p>Action taken as confirmed during the inspection: During the course of the inspection the inspector observed linen stores stocked with bed linen, duvets and pillows. No concerns were raised by housekeeping or care staff regarding the supply of bed linen.</p>	Met
<p>Area for improvement 3 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p> <p>Action taken as confirmed during the inspection: The inspector observed unlabelled net pants available on staff trolleys for use on patients. Similarly a basket full of unlabelled net pants was observed in the laundry. This stock was immediately disposed of by the laundry assistant. As a result of the observations the inspector was not assured that net pants were consistently being used by the same patient.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	Not met
<p>Area for improvement 4 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall ensure that the information recorded on whiteboards is reviewed to ensure patient information is maintained confidentially.</p>	Met

	<p>Action taken as confirmed during the inspection: Whiteboards displayed in the home did not contain information of a confidential nature.</p>	
<p>Area for improvement 5 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure that the mealtime experience for all patients is reviewed in accordance with DHSSPS Care Standards for Nursing Homes; and best practice in relation to dementia care where appropriate.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Observation of the main meals provided in the home demonstrated that these were prepared to meet varying dietary needs and individual patient choice. Meals appeared appetising and nutritious. The meal time experience was observed to be calm and well organised; staff were responsive and attentive to individual patient needs. Within the dementia nursing unit dementia friendly cutlery, plates and cups were provided to help encourage eating and drinking and promote independence.</p>	

6.3 Inspection findings

6.4 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 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. A review of the staffing rota from 15 to 28 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rose Court.

As stated previously, 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.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC). A review of the NISCC records evidenced that five staff had not applied for their NISCC registration, this was discussed with the management team who agreed to immediately address.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

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

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the last inspection 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 registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Plans for further environmental improvements were shared by the manager with the inspector. Fire exits and corridors were observed to be clear of clutter and obstruction.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures/best practice guidance were consistently adhered to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction, training, adult safeguarding, infection prevention and control, governance and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

However, a review of supplementary fluid records for three patients' evidenced that the assessed daily fluid target had not been met on every occasion for each patient between throughout the month of April 2018. Following further discussion with the manager, deputy manager and registered nurses it was agreed that the current tool for assessing patient daily fluid target was not effective for the patient group; an area for improvement under the standards, was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (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.

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 registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Arrangements for staff meetings throughout 2018 was clearly displayed in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, teamwork and communication between patients and staff.

Areas for improvement

The following area for improvement was identified in relation to the management and assessment of fluid intake for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 10.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Observation of the morning and afternoon tea/drink round evidenced a lack of snack options for patients on a modified diet, staff were also observed crushing plain biscuits into tea for those patients who had dysphagia, this practice was discussed with the registered manager and should immediately cease. An area for improvement under the standards, was made. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required.

Apart from one observation made by the inspector, which was discussed with the home manager for her attention, all other staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with staff, observations in the laundry area and linen trolleys evidenced that ‘net pants’ were being laundered and used communally. An area for improvement made in this regard at the previous care inspection has been stated for a second time.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. The inspector observed a number of activities being provided on the day of inspection including entertainment from an external provider.

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.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. 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. The menu options available did not reflect the choices displayed on the notice boards, this was discussed with the manager for action.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with five patients individually, and with others in smaller groups, confirmed that they were happy and content living in Rose Court. 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.

Ten relative questionnaires were provided; none were returned within the timescale.

Staff were asked to complete an online survey, we had no responses within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, availability of patient activities and staff knowledge of patients' wishes, preferences and assessed needs.

Areas for improvement

The following area for improvement was identified in relation to the provision of snacks for those patients requiring a modified diet and the communal use of clothing amongst patients in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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 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. The manager was knowledgeable in regards to the registered categories of care for the home. A valid certificate of employer's liability insurance was also displayed.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for registration with RQIA has been received and the registration of the manager was pending at the time of inspection. Discussion with staff evidenced that the registered manager's working patterns supported effective engagement with patients, staff and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager/manager. The inspector reviewed the arrangements for the nurse in charge of the home in the absence of the registered manager; records reviewed provided assurances that a nurse in charge competency and capability assessment for those registered nurses had been completed.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. As previously discussed the complaints procedure required updating to reflect the details of the new manager.

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 accidents/incidents, falls, IPC practices, use of restraint and wound care. However, a review of audits evidenced that in the case of IPC and wound audits an action plan had not been devised to address areas of concern that had been identified. An area for improvement under the standards, was made.

Discussion with the manager and review of records 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.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, understanding of roles and responsibilities,

governance arrangements, communication amongst staff and completion of Regulation 29 monitoring visits.

Areas for improvement

The following area for improvement was identified in relation to the development and completion of an action plan following any audits were shortfalls have been identified.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Pauline Hunter, Manager, Gavin O'Hare – Connolly, Responsible Individual, Andrea Harkness, Deputy Manager, Amanda Leitch, Head of Quality and Governance and Rosemary Dilworth, Regional Operations Director, 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 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 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that net pants, stockings, socks and tights are provided for each patient's individual use and not used communally.</p> <p>Ref: Sections 6.2 and 6.6</p> <p>Response by registered person detailing the actions taken: Net pants, stockings, socks and tights are labelled and provided for each resident. Laundry staff have been updated on importance of labelling all resident items.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall review the existing fluid management and assessment arrangements in the home so to ensure that daily targets are reflective of individualised assessed need.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: With insertion of the BMI on our Goldcrest system it calculates the amount of fluids the resident should have in 24 hrs. Our staffs clinical judgement is also utilized if resident symptomatic.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the practice of mixing together tea and biscuits for patient consumption is ceased. A selection of snack and drink options should be available at each tea/drink round to accommodate all patients individual dietary and dysphagia needs.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: This practice has totally ceased post inspection. A larger selection of snacks and drinks made available to residents including dietary and dysphasic needs.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that where a shortfall/action has been identified, during the course of auditing, that a corresponding action plan is implemented and reviewed to address this.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: An action plan is in place for any associated audit such as infection control and health and safety. An action plan has been identified for all our audits in nursing care delivery.</p>

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



The Regulation and
Quality Improvement
Authority

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

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