

Inspection Report

20 April 2023



Rose Court Nursing Home

Type of Service: Nursing Home
Address: 30 Westbourne Avenue,
Ballymena, BT43 5LW
Tel no: 028 2564 8165

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Kathryn Homes Ltd Responsible Individual Stuart Johnstone	Registered Manager: Rachel Morrey Date registered: 3 November 2021
Person in charge at the time of inspection: Rachel Morrey - manager	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
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 18 patients. The home is situated on the ground floor with individual bedrooms, communal bathrooms, a dining room and lounge. There are mature gardens and a seated area for patients to use. There is a Residential Care Home which occupies part of the ground floor and the first floor of the home. There is a separate manager for each home.	

2.0 Inspection summary

An unannounced inspection took place on 20 April 2023, from 9.15 am to 2.45 pm by a care inspector.

The inspection assessed progress with all 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.

Patients were relaxing in the lounge supported by staff and were well presented in their appearance. Patients unable to voice their opinions were observed to be relaxed and comfortable.

Staff were chatting with patients in a calm manner and offering assistance while promoting the dignity and well-being of patients.

Areas for improvement were identified and can be found in the Quality Improvement Plan (QIP) (section 7.0).

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with patients and staff individually and in small groups. Patients comments about life in the home included "a lovely place here", "it's better than home" and "I'm enjoying the lunch".

Staff were positive in their comments about working in the home and the support of the manager. Staff said; "there is good team work... all reliable staff", "staffing is well covered" and "we get great support".

No completed questionnaires were received during or following the inspection and there were no responses to the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2)(a) Stated: First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	The registered person shall ensure that all staff recruitment checks are completed before commencing employment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of staff recruitment files confirmed that a robust system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance levels were good and included moving and handling, fire safety and adult safeguarding. In addition, dementia care training had been provided.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis.

The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff were professional in their manner and interactions with patients.

5.2.2 Care Delivery and Record Keeping

There was a relaxed and pleasant atmosphere in the home and staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example; bed rails and supervision was in place.

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

The dining experience was an opportunity of patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of patients' nutritional needs.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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

Care records were maintained, regularly reviewed, however not all skin care and wound care records were found to be accurate and up to date. This was discussed with the manager and an area for improvement was identified.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, tidy and well maintained. For example, patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished and comfortable. It was noted that one bathroom required cleaning and odours were present. This was discussed with the manager and will be reviewed at the next inspection.

There was evidence throughout the home of 'homely' touches such as snacks and drinks available and access to a kitchen.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times, however not all staff were bare below the elbow in keeping with best practice. An area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with staff confirmed that patients were able to choose how they spent their day. For example, patients could have a lie in or join other patients in the lounge. Could have family/friends in their room or the lounge.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for patients by staff. Activities included gardening, breakfast club, pamper sessions, reminiscence therapy, games ,movies and patients' choice.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Rachel Morrey has been the manager in this home since 3 November 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients spoken with said that they knew how to report any concerns. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Rachel Morrey, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure staff follow best practice in regards to being bare below the elbow. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have had the importance of being bare below the elbow incorporated into their monthly supervision. The nurse in charge/Home Manager are carrying out a daily audit to ensure compliance.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard Stated: First time To be completed by: With immediate effect	The registered person shall ensure an accurate and up to date care record is maintained for skin care and pressure area care for those patients who require this. Ref: 5.2.2
	Response by registered person detailing the actions taken: All residents who have a wound have a comprehensive care plan in place with a corresponding wound chart. Ongoing professional input is incorporated into the care plan and reviewed accordingly and via audit process. The home manager carries out a monthly audit of all wounds. All nurses have had wound and documentation as a focus for discussion during monthly supervisions. All Nurses have had wound care e-learning completed.

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