



The Regulation and
Quality Improvement
Authority

Rose Martha Court
RQIA ID: 11107
30 Westbourne Avenue
Ballymena
BT43 5LW

Inspectors: Lyn Buckley and
Ruth Greer

Tel: 02825648165

Inspection ID: IN023410

Email: manager.rosemartha@runwoodhomes.co.uk

**Unannounced Care Inspection
of
Rose Martha Court**

18 and 19 January 2016

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 18 and 19 January 2016 from 10:10 – 17:45 on day one and from 09:00 to 12:30 hours on day two.

The inspection sought to assess progress with the issues raised during and since the previous inspection and areas of concern raised by the Northern Health and Social Care Trust (NHSCT) during a meeting with RQIA on 14 January 2016. Refer to section 3 and 5 for further details.

On the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Rose Martha provides both nursing and residential care therefore, for the purposes of this report, the term 'patient' will be used to describe those living in the nursing units and the term 'resident' will be used to describe those living in the residential units.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 5 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

The details of the Quality Improvement Plan (QIP) within this report were discussed with the manager, Martin Kelly, and the regional care director as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd, Mr Nadarajah (Logan) Logeswaran – responsible individual.	Registered Manager: See box below.
Person in Charge of the Home at the Time of Inspection: Martin Kelly –manager.	Date Manager Registered: Mr Martin Kelly commenced as home manager on 16 November 2015. Application for registration with RQIA not yet submitted.
Categories of Care: NH- I, DE, PH, PH(E) and TI RC – I and DE. Maximum of 29 patients in category NH-DE. Maximum of 18 residents in category RC-DE. Maximum of 20 residents in category RC-I.	Number of Registered Places: 100
Number of Patients Accommodated on Day of Inspection: 89	Weekly Tariff at Time of Inspection: £490 - £732

3. Inspection Focus

RQIA were invited to attend a meeting with the Northern Health and Social Care Trust's (NHSCT) safeguarding team on 14 January 2016 in respect of Rose Martha Court. During the meeting concerns were raised, by the Trust, in relation to staffing arrangements, management of complaints, management of safeguarding issues, management of falls and the day to day management and governance arrangements.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management, it was agreed that as an inspection to Rose Martha Court was already scheduled, this inspection would include review of the following areas;

- staffing
- management of complaints
- management of safeguarding issues
- management of falls
- governance and management arrangements.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with the regional care director, support manager and dementia services manager
- discussion with the registered nurses
- discussion with care team managers
- discussion with care staff and support staff
- discussion with patients, residents and relatives
- a general tour of the home and review of a random selection of patient and resident bedrooms, bathrooms and communal areas
- examination of a selection of care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback.

During the inspection, the inspectors met with 27 patients and residents individually and with the majority in smaller groups; six relatives; seven care staff; two care team managers (CTM), four registered nurses (RN); three ancillary/support staff and two visiting professionals.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plans (QIP) from the last care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- nursing and care duty rotas from 3 – 30 January 2016 for all units
- record of staff 'supervision/support on the move'
- record of complaints
- records pertaining to safeguarding referral and investigations
- accident/incidents records
- governance arrangements/systems (audits)
- information file regarding the development of dementia care including training and focus group sessions with staff and families
- record of visits undertaken on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- minutes of relatives meeting held 5,6 and 7 January 2016
- six care records from nursing units and four care records from residential units.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 5 October 2015. The completed QIP was returned and approved by the care inspector.

Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
There were no previous requirements		
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 12.5 Stated: Second time	Management should review the serving of snacks mid-morning and mid-afternoon, and any requested by the patient, to ensure all opportunities to encourage nutritional intake and fluid intake is achieved in accordance with the regional nutritional guidance and good practice in dementia care.	Met
	Action taken as confirmed during the inspection: The serving of the mid-morning and mid-afternoon snacks was observed. Food intake records dated prior to the inspection also evidenced the consumption of snacks. Discussion with patients, relatives and staff confirmed that a selection of snacks were available which included, juice drinks, tea and coffee; fresh fruit, biscuits, scones and cake.	
Recommendation 2 Ref: Standard 16 Stated: First time	It is recommended that all complaints are recorded in the home's complaint record.	Met
	Action taken as confirmed during the inspection: Review of complaint records evidenced that records were maintained in accordance with Regulation 24 and DHSSPS Care Standards for Nursing Homes.	

<p>Recommendation 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>It is recommended that management should implement a short and focused audit of care records when the needs of patients change.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records evidenced that care records were improved since the previous inspection and that senior staff monitored records. A 'Home Manager's Governance Framework and a 'Clinical Peer Review Procedure' had been implemented from 1 January 2016 which included specific audits for care records.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>It is recommended that records of management audits are maintained to ensure the standard of record keeping is acceptable and to evidence governance arrangements.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records confirmed that records of audits, undertaken by management, were maintained.</p>		

5.2 Staffing

The home provides both nursing and residential care within four separate units.

A review of nursing and care staff duty rotas from 3-30 January 2016 evidenced that each unit had its own day duty rota. A combined night duty rota was maintained with staff clearly allocated to specific units.

The identified nurse in charge of the home, in the absence of the manager, was recorded and staff spoken with were aware of who this person was.

Staffing levels were kept under review by the home's management.

Nursing units:

On the day of the inspection the staffing level for the nursing units was:

Maine Suite Two registered nurses and four care staff (for 26 patients) from 08:00 to 12:00; reducing to one registered nurse and four care staff (for 25patients) from 12:00 to 20:00.

Slemish Suite Two registered nurses and four care staff (for 25 patients) from 08:00 to 20:00 hours.

Staffing levels were observed to meet the assessed needs of the patients. Both nursing units were busy but staff were observed to be organised and led by the registered nurses (RNs) in

charge of each unit. Both units were calm with staff attending to patients' needs and nurse call bells in a timely manner.

Patients spoken with confirmed that when they called for assistance staff came promptly. Patient also confirmed that staff were caring and respectful when providing care and assistance. One patient commented on how staff would often come in and sit with her while they wrote their notes; they said they enjoyed the company.

Patients unable to express their views were observed, by their demeanour, to be relaxed and comfortable with staff providing assistance.

Interactions observed between patients and staff, were caring, respectful, compassionate and appropriate.

Staff spoken with felt that they were able to meet patients' needs, that leadership from the RNs was effective and that the manager was aware of any concerns and patients' needs. In the Slemish Suite staff spoken with expressed the view that patients may benefit with an additional member of staff on duty in the morning. This was discussed with the manager during feedback.

Staff were knowledgeable of the needs and wishes of their patients.

Residential units:

On the day of the inspection the staffing level for the residential units was:

Braid Suite	One team leader and two care staff (for 17 residents) from 08:00 to 20:00 hours.
Galgorm Suite	One team leader and two care staff (for 21 residents) from 08:00 to 14:00 hours reducing to one team leader and one care staff until 20:00 hours.

Observation of practice was found to be caring, friendly and respectful. Staff spoke courteously to residents and any requests for assistance were dealt with 'good humour'.

Residents responded well towards staff and spoke positively to the inspector regarding their care.

Staff spoken with were 'hopeful' in relation to the new management arrangements and spoke positively regarding the attitude of the manager towards them. Staff demonstrated a caring attitude in their discussion with the inspector but stated that at times the staffing levels in the residential units were not adequate to provide best care. Staff referred to residential staff being taken to cover staffing deficits in the nursing units. A recommendation was made.

Residents within Braid Suite have a diagnosis of dementia with varying levels of need and support. The team leader was observed to be busy managing the day to day operation of the unit. The two care staff were observed to be carrying out physical tasks. There was little opportunity to spend time with residents or to engage in any activities.

Observation of care delivery and discussion with staff in Galgorm Suite evidenced that the staffing levels did not meet the needs of residents. For example, as with the Braid Suite the

team leader was busy managing the day to day operation of the unit and not working on the floor with the care staff. After 14:00hours this meant that only one care staff was available to provide care. It was also evidenced that the pressure of work, in this unit, could have impacted on the management of an incident. A recommendation was made. Refer to section 5.5 for details

Staffing on night duty was also reviewed. As stated previously, one duty rota for night duty was maintained. It was clear where staff were allocated to. However, it was agreed that the manager would consider keeping the duty for each unit separately for both day and night duty. A recommendation was made.

Records examined evidenced that the planned staffing levels for night duty were achieved on a regular basis. Recently the planned staffing levels for the residential units on night duty were reduced due to short notice leave/cancellation of shift on at least two occasions. The manager confirmed that he had to 'approve' one care team manager to 'cover' both residential units but that an additional care staff was also put on duty to ensure the number of staff delivering care was not reduced.

Areas for Improvement

It was recommended that staffing levels within the residential units are reviewed to ensure the social and care needs of residents are met. Staffing levels within Galgorm suite should be increased to meet residents' needs.

It was recommended that the practice of taking staff from the residential units to the nursing unit should cease.

It was recommended that duty rotas for each unit are maintained over the 24 hour period to clearly evidence that at all times suitably qualified, competent and experienced staff are on duty.

Number of Requirements:	0	Number of Recommendations:	3
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5.3 Management of complaints

Patients spoken with confirmed that if they had any concerns they would speak to a nurse or the manager. Patients were familiar with the new manager and were 'delighted' with his attitude towards them.

Two relatives spoken with confirmed that they were aware of the manager and had had to raise concerns about the care of their loved one with him. One relative described how concerns raised previously had not been 'taken seriously'. However, they also stated that since the new manager had been in post there had been a marked improvement in the previous areas of concern. Another relative stated that the manager had told her to come to him about anything," so I do and the manager 'sorts it'".

Review of the complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulation (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes (April 2015).

Complaints records were maintained for the whole home. Review of the records evidenced that complaints were recorded and managed in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 24 and the DHSSPS Care Standards for Nursing Homes.

Areas for Improvement

There were no areas for improvement identified in relation to the management of complaints.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Management of safeguarding issues

Discussion with the manager and regional director confirmed that they were aware of the NHSCT's safeguarding issues and that they had met with the Trust recently to discuss these issues. Details of the NHSCT's concerns regarding a number of outstanding investigations were also discussed.

The manager and regional director provided details of recent care reviews that they had attended. They informed the inspectors that relatives had been satisfied with the actions taken by the home to address concerns raised.

RQIA were satisfied that the manager was aware of his responsibility in relation to the protection of vulnerable adults and was referring issues to the Trust as required.

Areas for Improvement

There were no areas for improvement identified in relation to the management of safeguarding concerns/referrals.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Management of falls

Review of accident records within the two nursing units evidenced that falls were managed appropriately. Where a patient was assessed as being 'at risk' of falling a detailed assessment and falls prevention care plan was in place. The assessment and care plan were reviewed on at least a monthly basis. In addition, it was evidenced that and when a patient fell RNs reviewed the falls risk assessment and care plan to ensure they were effective. This is considered good practice.

Review of a random selection of accidents records within the residential units evidenced that several reports had been written in poor English and the writing was illegible. The CTM confirmed that the specific entries had been made by agency staff on night duty. This was discussed with the manager during feedback.

Two accidents were reviewed in detail. One had been managed well and was evidenced to be safe, effective and compassionate in relation to the care and treatment of the resident. However, the second had not been managed in a timely manner. Following discussion with staff and the resident concerned, it was the professional opinion of the inspectors that the

delay in treatment was directly affected by the staffing levels. A recommendation was made refer to section 5.2.

Discussion with staff and a review of accident books evidenced that one accident book was available for each floor of the home and shared between two units. During feedback it was recommended that each unit had an accident book. RQIA received an email from the manager on 21 January 2016 to confirm that each unit had their own accident folder.

Areas for Improvement

*As stated previously it was recommended that staffing levels within the residential units are reviewed to ensure the social and care needs of residents are met. Staffing levels within Galgorm suite should be increased to meet residents' needs.

Number of Requirements:	0	Number of Recommendations:	1*
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5.6 Governance and Management Arrangements

Discussion with the manager and regional director; and review of records evidence that the manager undertook regular audits to ensure the quality of service and care delivery. For example, accidents and complaints were reviewed on at least a monthly basis.

However, inspectors were unable to determine patterns and trends within each unit because records were maintained for the whole home rather than on a unit by unit basis.

Discussion took place, during feedback, in relation to the traceability of patterns and trends within units and that a 'unit by unit' reporting/audit process should be implemented. A recommendation was made.

From the 1 January 2016 a new 'governance framework' for home managers had been implemented by senior management. Discussion confirmed that the audits within the framework informed the visits undertaken by the regional care director on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Information regarding the purpose and format of the visit/ reports was sent to the regional care by email following the inspection.

In addition to the governance processes a 'Clinical Peer Review Procedure' had been implemented to facilitate and promote learning across the nursing home group.

RQIA were satisfied that the manager was well supported in his role by senior management, management support staff and a deputy manager.

Discussion also took place regarding the manager's application for registration with RQIA.

Areas for Improvement

It was recommended that records pertaining to audit processes are maintained on a unit by unit basis to enable clear analysis and traceability of patterns, trends and actions required to address deficits identified.

Number of Requirements:	0	Number of Recommendations:	1
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5.7 Additional areas examined

Dignity

Observations made evidenced that the majority of patients and residents were wearing 'clothes protectors' and some residents were observed walking about wearing them. The observed 'custom and practice' regarding the use of these protectors throughout the home was discussed during feedback. A recommendation was made.

Laundered clothing was observed to be 'piled up' in a lounge of the first floor. Discussion with staff confirmed that these clothes were not named. The manager confirmed that relatives and patient or residents were asked to sort through the clothing to identify 'lost' clothing. A recommendation was made in relation to the management of unnamed clothing.

Registered categories of care

It was evidenced that the Galgorm suite had an occupancy of 21 residents. The registration of the home specifically registered the number of residents within this unit to be a maximum of 20 residents. The manager was aware of this and confirmed the occupancy levels during feedback.

RQIA had required that a variation of registration be submitted. However, RQIA were informed by email on 21 January 2016 that the situation was now resolved.

A requirement was made in relation to registration matters.

Areas for Improvement

It was recommend that the use of 'clothes protectors' throughout the home is reviewed to ensure dignity and choice is not compromised by 'custom and practice' and a 'blanket approach' to the wearing of these protectors.

It was recommended that unnamed clothing is managed in a dignified manner.

It was required that the registered person ensures that the home is operated in accordance with the conditions of the home's registration.

Number of Requirements:	1	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the manager, Martin Kelly, and the regional care director as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

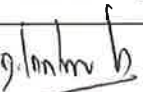

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 of The Regulation and Improvement Authority (Registration) Regulations (Northern Ireland) 2005</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>The registered person must ensure that the home is operated in accordance with the home's registration. Any change to the registration of the home requires an application of variation to be made by the registered person.</p> <p>Ref: Section 5.6</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>An application for variation to the registration of the care home does have to be completed now as the situation has changed following the the inspection. This information was communicated by e-mail to the inspector on the 26/01/2016. The lessons learned from this has been shared with the registered manager in relation to the legislative requirements about the care homes registration</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>Staffing levels should be reviewed. In particular, a review of staffing within the residential units to ensure the social and care needs of residents are met.</p> <p>Ref: Sections 5.2 and 5.5</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Staffing levels have been reviewed and it was agreed that one extra care assistant would be allocated on the pm shift in the residential unit.</p>
<p>Recommendation 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>The practice of taking staff from the residential units to the nursing unit should cease.</p> <p>Ref: Section 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Every effort will be made to ensure that staff allocated to a unit, remain in that unit.</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>Duty rotas for each unit should be maintained over the 24 hour period to clearly evidence that at all times suitably qualified, competent and experienced staff are on duty.</p> <p>Ref: Section 5.2 and 5.6</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Each unit now has a defined duty rota from the 19/01/2016</p>

<p>Recommendation 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>Records pertaining to audit processes should be maintained on a unit by unit basis to enable clear analysis and traceability of patterns, trends and actions required to address deficits identified.</p> <p>Ref: Section 5.6</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New audit files have been developed for each unit, and they will aid the traceability of records and analysis of actions that have occurred.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>The use of 'clothes protectors' throughout the home should be reviewed to ensure dignity and choice is not compromised by 'custom and practice' and a 'blanket approach' to the wearing of these protectors.</p> <p>Ref: Section 5.7</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Dementia Services manager will review the need for each resident to have a clothing protector so that individual preferences and needs are being met</p>		
<p>Recommendation 6</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be Completed by: 18 February 2016</p>	<p>Unnamed clothing is managed in a dignified manner.</p> <p>Ref: Section 5.7</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All unnamed clothing will be presented in a manner that facilitates ease of access for families to check for lost items</p>		
<p>Registered Manager Completing QIP</p>	<p>Martin Kelly</p>	<p>Date Completed</p>	<p>02/02/16</p>
<p>Registered Person Approving QIP</p>	<p></p>	<p>Date Approved</p>	<p>6.4.16</p>
<p>RQIA Inspector Assessing Response</p>	<p></p>	<p>Date Approved</p>	<p></p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	11/04/2016
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