

Unannounced Care Inspection Report 10 and 11 May 2016



Rose Martha Court

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Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Rose Martha Court took place on 10 and 11 May 2016 from 09:40 to 17:00 hours on day one; and 10:30 to 17:00 hours on day two. The inspector was accompanied by Dr Alan Lennon, chairman of the board of RQIA for part of the inspection on day one.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The inspector had the opportunity to consult with three staff from the Northern Health and Social Care Trust (NHSCT), who were in the home during the inspection. Concerns regarding communication, staffing, management of complaints, unwitnessed falls and staffing were discussed. While it is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care (Trust); if RQIA are notified of a potential breach of regulations or associated standards, we will review the matter and take whatever appropriate action is required. Therefore, the areas of concern discussed were reviewed as part of this inspection. Details can be viewed in the main body of the report.

For the purposes of this report, the term 'patients' will be used to describe those living in Rose Martha Court which provides both nursing and residential care. Specific findings in relation to residential care are clearly identified.

Is care safe?

Since the last care inspection in January 2016, management confirmed that they had successfully recruited a number of permanent staff and the use of agency staff across staff grades and all shifts, particularly night duty, had been "greatly" reduced. The positive impact of the recruitment efforts on the delivery of care and the patients' experience was evidenced through discussion with patients and relatives, observation of care delivery and review of care records.

Staff were observed to deliver safe care in a competent manner. There was evidence of positive outcomes for patients. Patients' needs were observed to be met by the levels and skill mix of staff on duty in the nursing units. However, discussion with staff and management confirmed that staff were moved, on a daily basis from the residential unit and other areas to augment the delivery of care within the nursing units during "busy times". A requirement has been made in this regard and one recommendation was stated for a second time in relation to the practice of taking staff from residential units to work in the nursing unit. Two recommendations were made in relation to the duty rota and staff roles and responsibilities.

A requirement was also made in relation to notification to RQIA of events occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, regulation 30.

Some areas of concern in the delivery of care were identified. Requirements and recommendations were made to drive improvements, as detailed in section 4.3.

Is care effective?

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with Nursing and Midwifery Council (NMC) guidelines. One record reviewed in relation to falls, clearly evidenced that following a fall nursing staff reviewed the relevant risk assessment and care plan to ensure the plan of care was still effective.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that staff meetings were held regularly and that the minutes were made available. Staff stated that as permanent staff had been recruited effective teamwork and communication had improved. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the manager.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The majority of patients and relatives spoken with expressed their confidence in raising concerns with the home's staff or management. Two relatives spoke with the inspector regarding complaints they had raised with the manager regarding their loved ones care. Advice was provided to both relatives about the role of RQIA, the home and the Trust in the management of complaints. Discussion with Trust staff and the manager; and review of emailed correspondence between the manager and the Trust evidenced that complaints were being managed in accordance with Department of Health's (DoH) guidance.

There was evidence of the delivery of effective care. There were no requirements or recommendations made.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect; and call bells were answered promptly. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

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.

Systems were in place to obtain the views of patients, patient relatives/representatives and staff on the running of the home. For example, the manager operated an 'open door policy' in relation to his office. This enabled relatives to raise their concerns promptly with the manager if they preferred. Consultation with patients individually, and with others in smaller groups, confirmed that living in Rose Martha Court was a good experience and patients were very complimentary regarding the home, staff and management.

There was evidence of the delivery of compassionate care. There were no requirements or recommendations made.

Is the service well led?

Discussion with patients, relatives and staff, observations of care delivery and review of care records clearly evidenced improvements in care and service delivery. For example, the improvement in the care records which evidenced the delivery of the right care in the right time for patients with wounds, or who had a fall; and in the improvements in mandatory training compliance levels since November 2015. In addition the recruitment of permanent staff had had a positive impact on the patient experience and outcomes to care delivery.

This level of improvement in the delivery of care and record keeping was acknowledged and commended by the inspector. It was also acknowledged, by the management team, that the improvements had brought the home into line with minimum care and professional standards and that further improvements were needed to ensure improvements were sustained.

Concerns were identified in relation to governance systems and processes; the management of records pertaining to accidents /incidents and complaints; and staffing as discussed in section 4.3. Requirements and recommendations were made. A requirement was also made in relation to the monitoring of nursing staffs' professional registration status.

In considering the findings from this inspection and the requirements and recommendations made; this would indicate the need for more robust management and governance arrangements to ensure the quality of services and care provided.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	*5

*Indicates that one recommendation was stated for a second time.

Details of the QIP within this report were discussed with Mr Martin Kelly, manager, and Mr John Rafferty, regional director for Runwood Homes, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an announced medicines management inspection undertaken on 11 February 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

An anonymous voicemail message was left on RQIA's telephone system over the weekend preceding this inspection. The caller raised concerns regarding staffing. Staffing levels in relation to care delivery were followed up during this inspection refer to section 4.3 for details.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	Registered manager:
Person in charge of the home at the time of inspection: Mr Hugh Martin Kelly	Date manager registered: Mr Hugh Martin Kelly application received and registration pending
Categories of care: NH-DE, NH-I, NH-PH(E), NH-TI, NH-PH, RC-DE and RC-I. There will be a maximum of 29 patients in category NH-DE, a maximum of 18 residents in category RC_DE and a maximum of 20 residents in category RC-I	Number of registered places: 100

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection the inspector spoke with 11 patients individually and with others in small groups, six care staff, the assistant nurse manager, three registered nurses, two catering staff and two members of staff from housekeeping.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Three individual relatives and a family group of four were spoken with during this inspection. One relative contacted RQIA by telephone and spoke with the inspector post inspection.

In addition 20 relative/representative; 10 patient and 10 staff questionnaires were provided for distribution. At the time of issuing this report none had been returned within the timeframe specified.

The following information was examined during the inspection:

- three patient care records
- three randomly selected patient repositioning records
- staff roster for week commencing 8 May 2016
- staff training and planner/matrix for 2015 and 2016
- two staff recruitment records
- complaints record
- incident and accident records
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit
- minutes of staff meetings
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC).

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 February 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person/s, was recorded in the QIP. Compliance with The QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 January 2016

Last care inspection statutory requirements		Validation of compliance
<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>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>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and regional director provided assurance that practices in respect of regulatory requirements would be adhered to. For example, discussion took place regarding notifying RQIA in advance of any proposed changes to the home's categories of care and/or the home's layout.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</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>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was evident from discussions, review of records and observation of care delivery that staffing levels were kept under review.</p> <p>Discussion with management and staff confirmed that, in particular, staffing levels in the residential units had been reviewed.</p> <p>Overall it was evident that the recruitment of permanent staff had been achieved with a marked reduction in the use of agency staff across all grades of staff and shifts. It was also evident that patients' experience and the impact of care delivery had improved since the previous care inspections in January 2016.</p> <p>This recommendation has been met.</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> <hr/> <p>Action taken as confirmed during the inspection: Discussion with management and staff within residential units evidenced that this practice was continuing. One example provided was that the third care assistant in the general residential unit was required to assist the general nursing unit in the mornings for up to two hours.</p> <p>This matter and additional evidence to support that the practice of moving staff across units and out of their specified role and functions was prolific. Additional recommendations were made. Refer to section 4.3 for details.</p> <p>As stated this recommendation has not been met and is stated for a second time.</p>	<p>Not Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Duty rotas reviewed confirmed that this recommendation had been met.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: Records reviewed confirmed that this recommendation had been met.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 6.1 Stated: First time	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.	Met
	Response by Registered Person(s) Detailing the Actions Taken: Observation during the serving of meals throughout the home and discussion with patients and staff confirmed that this recommendation had been met.	
Recommendation 6 Ref: Standard 6.1 Stated: First time	Unnamed clothing is managed in a dignified manner.	Met
	Response by Registered Person(s) Detailing the Actions Taken: Discussion with laundry staff confirmed that this recommendation had been met.	

4.3 Is care safe?

Since the last care inspection in January 2016, management confirmed that they had successfully recruited a number of permanent staff and the use of agency staff across staff grades and all shifts, particularly night duty, had been greatly reduced. The positive impact of the recruitment efforts on the delivery of care and the patients' experience was evidenced through discussion with patients and relatives, observation of care delivery and review of care records.

The manager confirmed the planned daily staffing levels for each unit and that staffing levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota for week commencing 8 May 2016 evidenced that the planned staffing levels were, as discussed and patients' needs were observed to be met by the levels and skill mix of staff on duty. For example, nurse call bells were observed to be answered promptly and patients confirmed that staff responded to their needs.

However, during discussion with staff, concerns in relation to staff moving between units to augment the care delivery during busy times such as mealtimes were raised. Staff stated that this occurred on a daily basis. For example, residential care staff were told to provide care in the nursing unit during mealtimes or the activity therapy staff were asked to assist patients. Staff duty rotas reviewed did not reflect redeployment as discussed with staff.

The concerns raised by staff were discussed in detail with the manager and regional manager during feedback. It was established that redeployment of staff did occur as described. While RQIA acknowledged that the redeployment of staff was, at times, necessary to ensure care delivery; for example, in an emergency when staff did not turn up for their shift or rang in sick at short notice. It should not become custom and practice to support the delivery of nursing care by redeploying staff already allocated to other areas of the home; resulting in the care delivered in these areas being impacted upon negatively. For example, residential staff should be delivering social care; activity therapists should be delivering activities. A requirement was made. A recommendation made at the last care inspection in January 2016, that the practice of taking staff from the residential units was to cease was evidenced to be 'not met' and has been stated for a second time. Additional recommendations have been made in respect of staff duty rotas and staff role and responsibilities.

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. Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met and that the majority of staff had already, in 2016, completed all of their mandatory training. The inspector commended the improvement in the management of mandatory training requirements since January 2016 and the level of compliance achieved so far for 2016. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. In addition to mandatory training staff confirmed that they were encouraged and provided with opportunities to attend other training sessions to improve the care delivery. Observation of the delivery of care evidenced that training had been embedded into practice.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. For example, when a patient sustained a fall nursing staff reviewed the falls risk assessment and the care plan, post fall, to ensure they were still relevant. There was evidence that risk assessments informed the care planning process and were appropriately managed.

Audit records for accidents and incidents reviewed from the 1 November 2015 to the end of March 2016 evidenced that at least two accidents had not been referred to RQIA as required by Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Following discussion with the manager and review of records, it was confirmed that the appropriate actions had been taken immediately following these accident/incidents in relation to patient health, safety and wellbeing. During feedback it was agreed, due to the number of accident/incident records, that the manager would review accidents and incidents occurring since 1 November 2015 to ensure RQIA and the Trust had been notified appropriately. In addition it was evident that incidents relating to the management of behaviours that challenge had been increasing and RQIA had not been informed of these escalating concerns. Advice was provided and the manager referred to RQIA guidance on the website: 'Statutory Notification of Incidents and Deaths: Guidance for Registered Providers and Managers of Regulated Services, July 2015'. A requirement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. Housekeeping staff were commended for their efforts.

Areas for improvement

A recommendation was stated for a second time in relation to the practice of taking staff from the residential units to the nursing unit.

It was recommended that staff duty rotas accurately reflect the redeployment of staff to deliver care.

It was recommended that the staff on duty meet the assessed care, social and recreational needs of patients; and that staff are supported to deliver on their role and responsibilities. For example activity therapy staff should be delivering activity therapy and residential staff should deliver social care.

It was required that management review the staffing levels within the nursing units to ensure that at all times suitably qualified, competent and experienced persons are working in the nursing home, in such numbers as are appropriate for the health and welfare of patients.

It was required that the manager review all accidents and incident occurring in the home to ensure referrals were appropriately made to RQIA in accordance with regulations and to the Trust in accordance with care management and adult safeguarding arrangements.

Number of requirements	2	Number of recommendations:	3*
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*this includes one recommendation stated for a second time.

4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians. There was evidence of regular communication with representatives within the care records particularly when the needs of the patient had changed.

Supplementary care charts such as repositioning records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. For example, supplementary care charts maintained in bedrooms were completed when the care was delivered. This was also confirmed from discussion with one patient who stated that staff had “just written down in that file” what they had eaten and drank for their lunch. The sustained improvement in recording reposition charts contemporaneously was commended by the inspector.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. One record reviewed in relation to falls clearly evidenced that following a fall nursing staff reviewed the relevant risk assessment and care plan to ensure the plan of care was still effective.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that staff meetings were held regularly and that the minutes were made available.

Staff stated that as permanent staff had been recruited effective teamwork and communication had improved. Each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

The majority of patients and relatives spoken with expressed their confidence in raising concerns with the home’s staff or management. Two relatives spoke with the inspector regarding the management of complaints regarding their loved ones care. Advice was provided to both relatives regarding the role of RQIA, the home and the Trust in the management of complaints. Discussion with Trust staff and the manager; and review of emailed correspondence between the manager and the Trust evidenced that complaints were being managed in accordance with Department of Health’s (DOH) guidance.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect; and nurse call bells were answered promptly. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The majority of patients and their relatives confirmed that when they raised a concern or query, they were taken seriously and they were confident that their concern would be addressed appropriately. Two relatives raised concerns with the inspector as detailed within section 4.4. 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.

Discussion with the manager confirmed that there were systems in place to obtain the views of patients, patient relatives/representatives and staff on the running of the home. For example, resident and relative meetings and the manager operated an 'open door policy' in relation to his office. This enabled relatives to raise their concerns promptly with him, if they preferred.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and relatives also confirmed that an activity programme was in place. This was further confirmed from the information displayed on the notice board in the foyer and within the units. Activities planned for May and June 2016 included; Queen Elizabeth's 90th birthday celebration, National Care Homes open day, novelty cake making competition and participation in the 'Blooming Marvellous' competition.

Consultation with patients individually, and with others in smaller groups, confirmed that living in Rose Martha Court was a good experience and patients were very complimentary regarding the home, staff and management. Patient's comments included:

"I don't like being in a home but the staff are good to me"

"Great food, they will get you anything"

"Staff are nice, I have all I need about me"

"Meat too fatty but I enjoyed the pudding"

"Staff are very good and friendly, they come when I call".

In addition 20 relative/representative; 10 patient and 10 staff questionnaires were provided for distribution. At the time of issuing this report none had been returned within the timeframe specified. Any questionnaires received will be dealt with under separate cover.

Areas for improvement

No areas for improvement were identified in this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. The manager stated he was supported in his role by his line manager, specialist service managers and specialist Trust staff. Staff consulted were able to describe their roles and responsibilities. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Staff were able to identify the person in charge of the home.

The home's registration certificate was up to date and displayed in a prominent position. A valid certificate of public liability insurance was also displayed. Discussion with the manager and observations evidenced that the home was operating within its registered categories of care. Discussion also took place in relation to notifying RQIA in advance of any proposed changes to the home's categories of care and/or the home's layout and the manager's knowledge and awareness of regulatory requirements.

Discussion with patients, relatives and staff; observations of care delivery; and review of care records evidenced improvements. For example, the improvement in the care records which evidenced the delivery of the right care at the right time for patients with wounds or for patients who had sustained a fall. Improvements in mandatory training compliance levels since November 2015 were also evidenced. As stated previously the successful recruitment of permanent staff had had a positive impact on the patient experience and care delivery. This level of improvement in the delivery of care and record keeping was acknowledged and commended by the inspector. It was also acknowledged, by the management team, that the improvements had brought the home into line with minimum care and professional standards and that further improvements were needed to ensure the improvements were sustained.

During discussion with the manager and regional director RQIA did acknowledge that regular auditing processes had been difficult to deliver previously because the home had been operating with a high percentage of staff supplied from agencies. However, since January 2016, permanent staffing levels had increased and the manager had commenced audit processes. Review of records evidenced that the governance framework, introduced by the regional director in January 2016, had not been fully implemented and embedded into practice. For example, the audit regarding falls identified the number of falls in each unit, the person who sustained the fall and when this had occurred; there was no evidence of analysis of this data or the potential link between the number of unwitnessed falls and staffing levels refer to section 4.3.

The following areas for improvement were also identified and discussed with the manager during feedback as follows:

- governance systems and processes must clearly evidence management level analysis and actions to drive improvements across all areas of care delivery and experience
- the manager must evidence clearly how the audit of accidents and incidents, for each unit, impact on the day to day delivery of care, patient outcomes, the delivery of activities; and any action taken to respond to deficits or to arrest negative trends
- the manager was able to describe the management of complaint processes, supported by emails, but the records and evidence of actions taken were not organised or collated effectively in accordance with DHSSPS Care Standards for Nursing Homes 2015

Recommendations were made in relation to governance processes and management of complaints' records.

At the conclusion of the inspection the manager was able to confirm that all nurses employed were registered with the Nursing and Midwifery Council (NMC); but the records reviewed earlier indicated that nurses' registrations had not been reviewed or confirmed since November 2015. The records indicated that from 1 November 2015 to the end of April 2016 four nurses' reregistration dates had passed and there was no evidence available that the manager had confirmed registration. The manager confirmed that checks were conducted by the organisation's head office, but he did also acknowledge that as manager he had to assure himself that staff on duty were appropriately qualified. A requirement was made.

During feedback it agreed that the delivery of the governance processes and systems would be improved and that the next unannounced care inspection would review the progress. A recommendation was made.

Review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated to address any areas for improvement and compliance with the actions identified was monitored during subsequent visits. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. The majority of staff consulted commented positively regarding recent improvements and in particular the employment of permanent staff, and that management were responsive to concerns raised with them. Staff stated they felt supported by their line manager and enabled to provide safe, effective and compassionate care. The inspector was also informed by staff that four staff members had a relative receiving care in the home; staff felt this was a positive affirmation of the improvements made.

In considering the findings from this inspection and the requirements and recommendations made; this would indicate the need for more robust management and governance arrangements to ensure the quality of services and care provided.

Areas for improvement

A requirement was made in relation to the checking of the registration status of nurses working in the home. Two recommendations were made in relation to governance and management processes.

Number of requirements	1	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Martin Kelly, manager, and Mr John Rafferty, regional 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the 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 by the registered manager. 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must ensure that if the nursing units require additional staff to ensure patients' need were met, then staffing levels should be increased rather than redeploying staff from other areas of the home on a daily basis.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: The redeployment of staff will cease immediately ,except in the event of an emergency. All units will be monitored and the appropriate numbers of staff will be allocated.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person must ensure that the manager reviews all accidents and incidents occurring in the home since 1 November 2015 to ensure referrals were appropriately made to RQIA in accordance with The Nursing homes Regulations (Northern Ireland) 2005; and to ensure the Trust were notified appropriately, in accordance with care management and adult safeguarding arrangements.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: All incidents and accidents from 1st November 2015 will be reviewed to ensure that were actioned as required. Where there is lessons to be learned then future practices will be changed.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person must ensure that registered nurses employed to work in Rose Martha Court are registered with the Nursing and Midwifery Council (NMC).</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken: Registration status of all nurses has been reviewed and all staff are on the live register . Going forward the registration of nurses will be reviewed each month for compliance.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The practice of taking staff from the residential units to the nursing unit should cease.</p> <p>Ref: Section 4.2 (recommendation 2) and section 4.3</p> <p>Response by registered person detailing the actions taken: Operating practices have been changed to retain all staff within the residential unit.</p>
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<p>Recommendation 2</p> <p>Ref: Standard 41.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person should ensure that staff duty rotas accurately reflect the deployment of staff. Particular attention should be paid to amending duty rotas when staff are redeployed to other units or roles within the home to deliver care.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken: When staff are redeployed to another unit the duty rota will reflect this change. However the need to do this will be reduced due to the fact that staff will remain within the residential unit.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: Second time</p>	<p>The registered person should ensure that the staff on duty meet the assessed care, social and recreational needs of patients; and that staff are supported to deliver on their role and responsibilities.</p> <p>Ref: Section 4.3</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The activity staff will focus only on those activities that will promote the wellbeing of the residents</p>
<p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered person should ensure that management systems are effectively implemented to assure the safe delivery of quality care within the nursing home.</p> <p>Records maintained should clearly evidence the outcome of the audit undertaken, management analysis of the outcome and the action taken by management to drive improvement.</p> <p>Section 4.6</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The new management Governance Framework has been implemented and learning from audits will be put into practice were it is shown that this will improve the delivery of safe and effective care.</p>
<p>Recommendation 5</p> <p>Ref: Standard 16</p> <p>Stated: First time</p>	<p>The registered person should ensure that complaint records and evidence of actions taken, are maintained in accordance with DHSSPS Care Standards for Nursing Homes 2015; Standard 16.</p> <p>Ref: Section 4.6</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: The complaints procedure has been fully implemented to meet best practice</p>

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



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