Unannounced Care Inspection Report
13 October 2016

Rose Martha Court

Type of Service: Nursing Home
Address: 30 Westbourne Ave Ballymena BT43 5LW
Tel no: 028 2564 8165
Inspector: Lyn Buckley

1.0 Summary

An unannounced inspection of Rose Martha Court took place on 13 October 2016 from 09:30 to 18:00 hours.

Prior to this inspection RQIA had received information from the adult safeguarding team within the Northern Health and Social Care Trust (NHSCT) in relation to the delivery of care and the day to day operational control of the home. While it is not the remit of RQIA to investigate complaints or adult safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care; 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.

Following discussion with senior managers within RQIA, the decision was made to undertake an unannounced inspection of the home to assess progress with the requirements and recommendations made as a result of the previous care inspection, the management and governance arrangements for the home; and to evidence the delivery of safe, effective and compassionate care.

As a result of the inspection findings RQIA were concerned that the quality of care and services within Rose Martha Court were below the standards expected. There was also a lack of progress or improvement on some of the requirements and recommendations made following the last care inspection in May 2016. Following the inspection, a meeting was held with senior management in RQIA and it was agreed that a meeting with the registered persons would be held with the intention of issuing two failure to comply notices in regard to the quality of nursing care and governance arrangements. This meeting was held on 19 October 2016 at RQIA.

Mr John Rafferty, regional operations director for Runwood Homes Limited Northern Ireland, represented the Responsible Individual, Mr Nadarajah Logeswaran, who was unable to attend the meeting. The registered manager did not attend. An action plan to address the identified concerns was submitted by Mr Rafferty and it was acknowledged that, whilst work was ongoing to address the concerns identified by the inspection, RQIA were not fully assured that the actions had been sufficiently implemented to enable the necessary improvements to be made. Given the potentially serious impact on patient care and the lack of governance arrangements, it was decided that two failure to comply notices under Regulation 10 (1) and Regulation 12 (1) (a) (b) and (c), would be issued, with the date of compliance to be achieved by 24 November 2016.

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.

The term ‘patients’ is used throughout the report to describe those living in Rose Martha Court which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	**1**	**3**

Details of the Quality Improvement Plan (QIP) within this report were discussed with Martin Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted 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 unannounced finance inspection undertaken on 6 June 2016. Other than those actions detailed in the 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.

2.0 Service details

Registered organisation/registered person: Runwood Homes Ltd/ Mr Nadarajah (Logan) Logeswaran	**Registered manager:** Martin Kelly
Person in charge of the home at the time of inspection: Martin Kelly	**Date manager registered:** 25 July 2016
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI,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 records:

- notifiable events received by RQIA since the last 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 inspections undertaken in the previous year
- the previous care inspection report
- pre inspection assessment audit

During this inspection, care delivery and care practices were observed and a review of the general environment of the home was undertaken. We also spoke with seven patients individually and with others in small groups, one registered nurse in charge of Slemish Suite, two care team managers in charge of the residential units, six care staff, two domestic assistants and two patient's representatives.

The following information was examined during this inspection:

- validation evidence linked to the previous care inspection QIP
- a review of staff duty rotas from 2 to 16 October 2016
- four patient care records
- accident and incident records from 1 September to 12 October 2016
- one staff personnel file; including induction records
- record of complaints received since the previous care inspection
- NMC checks for registered nurses and NISCC registration checks for care staff
- a review of quality audits undertaken as part of the governance arrangements for the home

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 June 2016

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 and 11 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 20 (1) (a) **Stated:** First time	The registered provider must ensure that if the nursing units require additional staff to ensure patients' needs were met, then staffing levels should be increased rather than redeploying staff from other areas of the home on a daily basis.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff; and review of nursing and care staff duty rotas indicated that staffing levels had been reviewed since the last care inspection in May 2016. The registered manager also confirmed the staffing levels for the day of the inspection, and that due to the recruitment of permanent staff, staffing levels had continued to stabilise and the use of agency staff had reduced. Recruitment was currently underway to recruit senior care staff/ care team manager for the residential units. The registered manager confirmed the organisational structure for the home and discussion with staff confirmed that they were aware of who was in charge of their unit and the nursing home in the absence of the registered manager. Staff confirmed that only in an emergency were staff asked to move to other units. Residential staff said that since the last care inspection in May 2016 the regular practice of moving staff from the residential units to the nursing units to support care delivery had 'virtually' ceased and on occasions they had needed support from the nursing units in an emergency. However, observation of the delivery of care and care practices primarily within the Slemish Suite raised concerns regarding the ability of the staff on duty to meet the needs of patients in a safe, effective and timely manner. Details can be viewed in section 4.3.2. This requirement, as stated, has been met.	

Requirement 2 **Ref**: Regulation 30 **Stated:** First time	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.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: Review of accident records from 1 September to 12 October 2016 evidenced that RQIA had not been notified appropriately of accidents or incidents occurring in the home, in accordance with regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. Moreover it was concerning that the accident records reviewed contained the signature of the registered manager indicating that he had reviewed/read the record. This requirement has not been met and has been subsumed into a failure to comply notice.	
Requirement 3 **Ref**: Regulation 20 (1) (a) **Stated:** First time	The registered person must ensure that registered nurses employed to work in Rose Martha Court are registered with the Nursing and Midwifery Council (NMC).	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records evidenced that the system in place to check the registration of nursing staff with NMC was not effectively managed. Records evidenced that the registered manager had not acted in a timely manner to remove a nurse from duty whose registration had lapsed. This requirement has not been met and has been subsumed into a failure to comply notice.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 41 **Stated:** Second time	The practice of taking staff from the residential units to the nursing units should cease.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and staff; and review of nursing and care staff duty rotas indicated that staffing levels had been reviewed and had stabilised and were generally being maintained as planned. Staff confirmed that the regular practice of moving staff from the residential units to the nursing units to support care delivery had ceased.	
Recommendation 2 **Ref**: Standard 41.2 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Review of staff duty rotas and discussion with staff confirmed that this recommendation had been met.	
Recommendation 3 **Ref**: Standard 41 **Stated:** second time time	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.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: Observation of the notice board in the foyer confirmed that a variety of activities were planned for patients. Patients were also observed enjoying a breakfast club in the café area facilitated by an activity co-ordinator. However, observation of care delivery and care practices, discussion with patients and review of patient care records evidenced that patients' needs were not always met appropriately or in a timely manner. Refer to section 4.3.2 for details This recommendation has not been met and has been subsumed into a failure to comply notice.	

Recommendation 4 **Ref**: Standard 35 **Stated:** First time time	The registered person should ensure that management systems are effectively implemented to assure the safe delivery of quality care within the nursing home. 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.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: Review of governance records in relation to accidents/incidents and NMC registration checks evidenced that the systems in place were not effectively managed – refer also to requirements 2 and 3 above. In addition review of the wound care audit file evidenced that these records were inaccurate and RQIA were not assured that the registered manager was aware of the number and/or type of wounds in the home. The registered manager's records regarding the number and type of wounds in the home did not reflect entries made by staff in diaries, unit wound files, the accidents records nor patient care records in relation to wounds and pressure ulcers. This recommendation has not been met and has been subsumed into a failure to comply notice.	
Recommendation 5 **Ref**: Standard 16 **Stated:** First time	The registered person must ensure that complaint records and evidence of the actions taken are maintained in accordance with DHSSPS Care Standards for Nursing Homes 2016: Standard 16.	**Not Met and subsumed into a failure to comply notice**
	Action taken as confirmed during the inspection: A complaints record was available and the information recorded on the complaints log/index was reflected within the record collated. However, the complaints record did not accurately reflect complaints which RQIA had been made aware of via correspondence received from the local Health and Social Care Trust (HSCT) and from relatives prior to the inspection. This recommendation has not been met and has been subsumed into a failure to comply notice.	

4.3 Inspection findings

4.3.1 Management and Governance arrangements

We reviewed management and governance records in relation to nurses' registration checks, wound care, accident/incidents and complaints. Serious concerns were raised following the review of the records and discussed with the registered manager. It could not be validated that effective quality monitoring/governance systems had been implemented, nor were RQIA provided with assurance, during the inspection, that the registered manager knew how to address the concerns raised. This had the potential to place patients at risk of harm. The concerns raised with the registered manager included the following:

- Staff duty rotas reviewed evidenced that a nurse was 'allowed' to continue to work for up to six days when their registration with the Nursing and Midwifery Council (NMC) had lapsed. The registered manager confirmed that the nurse had informed him of the lapse and that the nurse was not 'currently' undertaking nursing duties. Review of the system to check NMC registration evidenced that the checks were ineffective as the nurse's lapse had not been anticipated.
- Observation of the administration of medicines and discussion with staff evidenced that nursing staff had not administered medicines in accordance with professional standards and in doing so put patients at risk of harm. RQIA alerted the registered manager to this risk but were concerned that the registered manager's response to this was not appropriate or effective.
- The registered manager confirmed the number, type and status of wounds, including pressure ulcers, in the home from the wound care audit file. However, following review of records maintained within units such as the wound care file, the diary, accident records and patient's care records it was clear that the registered manager's records were inaccurate. The inspection findings were discussed with the registered manager during feedback however, RQIA were not assured that the registered manager was aware of the number and/or type of wounds in the home and had not implemented an effective communication system to ensure the information they received was accurate.
- Review of accident/incident records from 1 September to 12 October 2016 evidenced that RQIA had not been notified appropriately of accidents/incidents occurring in the home in accordance with regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. As stated previously on section 4.2 it was also concerning that the accident records reviewed contained the signature of the registered manager indicating that he had reviewed/read the record.
- As stated previously in section 4.2 a complaints record was available and the information recorded on the complaints log/index was reflected within the record collated. However, the complaints record did not accurately reflect complaints which RQIA had been made aware of via correspondence received from the local Health and Social Care Trust (HSCT) and from relatives prior to the inspection.

As stated previously these concerns were discussed with RQIA senior management following the inspection and the registered persons were asked to attend a meeting on the 19 October 2016 where the decision was made to issue a failure to comply notice in respect of The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 10(1).

In addition, review of one staff member's recruitment and induction records evidenced that signatures were missing within the induction record and that the final 'sign off' had not been completed. Also there was no evidence that the registered manager had reviewed the outcome of the Access NI check. Two recommendations were made.

Areas for improvement

It was recommended that staff induction records are completed in full and in accordance with the home's own procedures with evidence of senior manager review.

It was recommended that the registered manager clearly evidences their review /approval of the outcome of employees' Access NI check.

Number of requirements	0	Number of recommendations	2

4.3.2 Care delivery and practices

As discussed previously in section 4.2 observation of care delivery and care practices, discussion with patients and staff and review of patient care records raised concerns regarding the ability of the staff on duty to meet the needs of patients in a safe, effective and timely manner. Concerns identified were in relation to the following:

- Repositioning charts did not evidence that patients were being repositioned in accordance with their care plan and RQIA were not assured that this care was being delivered in a timely manner.
- Equipment check charts observed in bedrooms and reviewed, evidenced that staff indicated on the chart that they had 'checked' the settings of the pressure relieving mattresses/airwave mattresses. It was concerning that the settings observed did not reflect the actual weight of the patient and were set too high for the two patients whose charts were reviewed. This had the potential to cause pressure damage rather than preventing it.
- During the discussion with the registered manager at the commencement of the inspection RQIA were provided with information regarding the number, type and status of wounds, including pressure ulcers, in each unit within the home. However, entries made by staff in the unit diary, the accident records and patient care records did not reflect the registered manager's information. RQIA were not assured that either the registered manager nor senior nursing and care staff were aware of the number and type of wounds in the home.
- Observation of patients seated at the dining table following the serving of breakfast; and discussion with some of the patients observed, evidenced that patients were left to sit for long periods of time in wheelchairs without due consideration to their comfort or pressure relief needs. One patient stated that they had stopped going to social events held in the home because they would be left sitting in their wheelchair for too long after the event causing them discomfort.
- Observation of practices and feedback from patients evidenced that call bells were not being responded to in a timely manner. One patient was calling for assistance for approximately 13 minutes and during this time the inspector observed staff to walk past the patient's bedroom on several occasions. The call bell was responded to by the registered manager who then directed staff to attend the patient.

- Observation of practice and feedback from patients evidenced a lack of attention to the detail of patient personal hygiene needs. Patient clothing and bed linen were observed to be soiled with food debris and had not been changed in a timely manner. Review of the personal care charts for two patients confirmed that they were not assisted to wash in the morning until after 11:00 hours or on occasions until after 12:00 hours.
- There was no evidence, within patient care records, of nursing staff responding to the identified deficits in patients' daily fluid targets. In addition, it was observed that all patients had the same fluid intake target of 1200mls with the chart indicating that the patient's own GP had set this target. As the charts were all pre-printed with this statement it was concerning that fluid intake targets had not been set according to patients' individual needs but rather that a 'blanket approach' to care delivery had been adopted.

As stated previously these concerns were discussed with RQIA senior management following the inspection and the registered persons were asked to attend a meeting on the 19 October 2016 where the decision was made to issue a failure to comply notice in respect of The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 12 (a) (b) and (c).

4.3.3 Environment

A review of the home's environment was undertaken which included observation of a random sample of patient bedrooms, communal areas, bathrooms and storage areas. Overall the home was found to be well maintained in relation to décor and the general cleanliness. However, as the inspection focused primarily in the Slemish Suite observations did identify a number of concerns as follows:

•one room used as a hairdressing room was untidy and had items placed in it that were not relevant to its designated use. For example, pharmacy storage box containing nutritional supplements, boxes of urinary catheterisation trays, staff uniforms and personal belongings such as coats and shoes and a slice of white bread in a plastic bag observed on the sink. A recommendation was made regarding storage.
• a lounge adjacent to the hairdressing room contained two portable hair dryers, a hairdressers equipment trolley, a crash/fallout mat, a vacuum cleaner, two specialist patient chairs and at least three other cardboard boxes of unidentified items. As stated previously a recommendation was made regarding storage.
•one patient was observed in their bedroom which was very malodourous. The patient was observed to be on bed rest and therefore remained in this malodourous environment. During discussion with the registered manager it was confirmed that this was 'usual' for this patient and that they had 'tried everything'. A requirement was made that the registered persons provide facilities and services to patients in accordance with the statement of purpose and address this malodour in the patient's bedroom.

Areas for improvement

A recommendation was made that designated rooms are used only for the purpose for which they are registered. For example, staff should not use the hairdressing room to store their personal belongings when a staff room has been provided; and patient equipment should not be stored in lounges or hairdressing rooms.

A requirement was made that the registered persons provide facilities and services to patients in accordance with the statement of purpose and address malodour in a specified patient's bedroom.

4.3.4 Consultation

In addition to feedback from patients and staff as detailed in previous sections RQIA also spoke with two relatives visiting at the time of the inspection. Both relatives commented positively in relation to the care their loved one received, staff attitude and the registered manager's approachability and willingness to address concerns brought to his attention. However, as also stated in the previous sections, RQIA had received information from other relatives and the NHSCT adult safeguarding team prior to the inspection and feedback from patients during the inspection which did not support this positive response.

Areas for improvement

No new areas for improvement were identified.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the inspection findings and the QIP were discussed with Martin Kelly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have

been completed and return the completed QIP to the RQIA web portal for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 18 (1) **Stated:** First Time **To be completed by:** 1 December 2016	The registered person must provide facilities and services to patients in accordance with the statement of purpose. This is relation to a malodour in a specified patient's bedroom which requires to be addressed. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: This has been addressed now by actioning a comprehensive deep cleaning.
Recommendations	
Recommendation 1 **Ref**: Standard 39 **Stated:** First time **To be completed by:** 1 December 2016	The registered provider should ensure that staff induction records are completed in full and in accordance with the home's own procedures with evidence of senior manager review. **Ref: Section 4.3.1**
	Response by registered provider detailing the actions taken: Please be advised that this matter is ongoing because I took up post on the 14.11.16. I can only speak from then onwords and back checking is been currently undertaken but any arrivals fully comply. We are endeavouring to update the records prior to 14.11.16.
Recommendation 2 **Ref**: Standard 38 **Stated:** First time **To be completed by:** 1 December 2016	The registered provider should ensure that the registered manager clearly evidences their review /approval of the outcome of employees' Access NI check. **Ref: Section 4.3.1**
	Response by registered provider detailing the actions taken: This is now in place.

Recommendation 3 **Ref**: Standard 44,criterion 3 **Stated:** First time **To be completed by:** Immediately from date of inspection	The registered person should ensure that the nursing home, including all spaces, is only used for the purposes for which it is registered. This is in relation to rooms being used inappropriately for storage purposes. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: All rooms are appropriately allocated.

Please ensure this document is completed in full and returned to the RQIA web portal

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