

# Announced Enforcement Compliance Inspection Report 24 November 2016



## Rose Martha Court

**Type of Service: Nursing Home**

**Address: 30 Westbourne Avenue, Ballymena, BT43 5LW**

**Tel no: 028 2564 8165**

**Inspectors: Lyn Buckley and Elizabeth Colgan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced enforcement compliance inspection of Rose Martha Court took place on 24 November 2016 from 11:20 to 16:05 hours.

The purpose of the inspection was to assess the level of compliance achieved regarding the two failure to comply notices issued on 21 October 2016. The areas for improvement and compliance with regulation were in relation to the care and treatment of patients (FTC/NH/1107/2016-17/01) and the governance, management and leadership of the home (FTC/NH/1107/2016-17/020).

The date for compliance was 24 November 2016.

### **FTC/NH/1107/2016-17/01**

Evidence was available to validate compliance with the above failure to comply notice.

### **FTC/NH/1107/2016-17/02**

Evidence was available to validate compliance with the above failure to comply notice.

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.

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
<b>Total number of requirements and recommendations made at this inspection</b>	*1	*4

\*The total number of requirements and recommendations include 1 requirement and three recommendations carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne O'Kane, Acting Manager, and John Rafferty, Responsible Individual, 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 October 2016. Following this inspection the registered persons were required to attend a meeting at RQIA, with the intention of issuing two failure to comply notices in regards to the quality of nursing care and governance arrangements. This meeting was held on 19 October 2016 at RQIA.

Following this meeting RQIA were not fully assured that the necessary improvements had been made and given the potentially serious impact on patient care and the lack of governance arrangements, the decision was made to issue two failure to comply notices under Regulation 10(1) and Regulation 12 (1) (a) (b) and (c) with the date of compliance of 24 November 2016.

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

## 2.0 Service details

<b>Registered organisation/registered person:</b> Runwood Homes Ltd/ Mr John Rafferty	<b>Registered manager:</b> See below
<b>Person in charge of the home at the time of inspection:</b> Ms Anne O’Kane	<b>Date manager registered:</b> Ms Anne O’Kane – acting manager
<b>Categories of care:</b> 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.	<b>Number of registered places:</b> 100

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- the actions required as indicated in the failure to comply notices

FTC Ref: FTC/NH/11107/2016-17/01

FTC Ref: FTC/NH/11107/2016-17/02

- the registration status of the home
- written and verbal communication received by RQIA since the last care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

The following methods and processes used in this inspection include the following:

- discussion with the acting manager and responsible individual
- observation of the delivery of nursing care
- discussion with staff on duty: two deputy managers, two nurses, six care staff and two housekeeping staff
- discussion with patients individually and in small groups,
- discussion with two relatives
- discussion with a member of Trust staff completing a care review
- a review of the staff duty rotas from 13 to 27 November 2016
- a review of accident and incident records from 13 October 2016
- a review of six patient care records to assess the delivery of care in relation to:
  - management of wounds
  - management of dehydration
  - management of pressure area care
- a review of the governance and monitoring arrangements in place regarding
  - the management of complaints
  - the management of wounds
  - the management of NMC registration
  - the management of staff conduct in line with relevant codes of practice/conduct.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was not examined at this inspection and will be validated by the care inspector at the next care inspection.

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 18 (1) <b>Stated:</b> First time	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.	Carried forward.
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this requirement was not reviewed during this inspection. Carried forward for review at the next care inspection.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	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.	Carried forward.
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time	The registered provider should ensure that the registered manager clearly evidences their review /approval of the outcome of employees' Access NI check.	Carried forward.
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 44,criterion 3  <b>Stated:</b> First time	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.	Carried forward.
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this recommendation was not reviewed during this inspection. Carried forward for review at the next care inspection.	

### 4.3 Inspection findings

#### 4.3.1 FTC Ref: FTC/NH/11107/2016-17/01

#### **Notice of Failure to Comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005**

**The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.**

Discussion with the responsible individual and the acting manager; discussion with staff; and review of records pertaining to the governance and management of the home evidenced that the management team had the necessary competence and skill to manage the home. The acting manager also confirmed that they were applying to register with RQIA.

Discussion with the acting manager and review of wound care records and patient care records evidenced that wounds were managed appropriately and accurately. The acting manager and nursing staff were aware of the number, type and status of any wounds, however sustained. Changes to wounds were reported to the acting manager, in writing, on a daily basis during week days and on a Monday morning following the weekend.

Review of governance records regarding complaints evidenced that complaints received by the acting manager had been addressed appropriately and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. For example, one relative had raised a concern by email which had been acknowledged by the acting manager on the same day with further emails confirming the action undertaken to address the concern raised.

Review of accident and incident records evidenced that since the last care inspection RQIA had been notified appropriately and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005, regulation 30. Review of notifications received by RQIA, prior to this inspection, indicated that the current management team had identified incidents that had occurred but had not been notified to RQIA at the time. For example, RQIA were notified on 10 November 2016 that a referral was made to the Trust's adult safeguarding team regarding a staff member's alleged conduct which had occurred in June 2016. Appropriate action had been taken to address this matter.

Review of the records pertaining to the checking of the registration of nursing staff with the Nursing and Midwifery Council for UK, (NMC) evidenced that the acting manager/support manager checked and confirmed the checking procedures were effective. There was also evidence that the acting manager had to address the registration lapse of a second nurse, not identified or notified to RQIA at the last inspection. Discussion with the acting manager and review of records evidenced the action taken to ensure both nurses, who allowed their registration with NMC to lapse, had been dealt with appropriately and in accordance with NMC standards.

In addition there was evidenced from discussion with a registered nurse and the acting manager and review of records that the incident in relation to the management of medicines had also been appropriately dealt with by the acting manager and in accordance with NMC standards.

## **Conclusion**

The actions required to comply with regulations as stated within the failure to comply notice FTC/NH/11107/2016-17/01 were evidenced to have been met in full.

### **4.3.2 FTC Ref: FTC/NH/11107/2016-17/02**

#### **Notice of Failure to Comply with Regulation 12 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005**

**The registered person shall provide treatment, and other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –**

- (a) meets his individual needs**
- (b) reflects current best practice; and**
- (c) are (where necessary) provided by means of appropriate aids or equipment**

Review of six patients' repositioning records and corresponding care plans evidenced that records accurately reflected the delivery of care as prescribed in the patient's care plan. In addition the acting manager had implemented an audit of repositioning records which evidenced that they checked the accuracy of these and other records and when deficits/non adherence to care plans was identified corrective action was taken with the staff responsible to ensure training was embedded into practice.

Observation of pressure relief mattresses evidenced that these were maintained appropriately. Where the mattresses required to be set by weight, these were accurately set according to the patient's current weight.

Observation of care delivery evidenced that patient were not left to sit for long periods in wheelchairs.

Discussion with nursing staff and management; review of wound care records and patient care records evidenced that wounds were managed appropriately and accurately. Nursing staff were aware of the number, type and status of any wounds, however sustained, within their unit. This information was also provided to the acting manager on a daily basis during week days and on a Monday morning following the weekend.



Observation and discussion with patients evidenced that call bells were answered in a timely manner. Discussion with the acting manager confirmed that they had made arrangements with the persons responsible for the maintenance of the nurse call system; that call bells only sounded for rooms/bedrooms within the unit in which they were situated. It was evident that this simple adjustment had made a vast difference to how staff respond to calls for assistance within each unit. The acting manager also confirmed that all staff were made aware that call bells must be answered promptly and that response times were monitored by the management team who randomly set off nurse call bells and timed the staff response as well as timing patients calling for assistance and staff responses to this.

Review of a sample of fluid intake records and associated patient care records evidenced that the assessed needs of patients were being met and records were accurately maintained. Where a patient’s prescribed fluid intake was not met there was evidence that nursing staff had taken the appropriate action to address this deficit. Nursing staff confirmed that any patient requiring monitored for either food or fluid intake was highlighted during the handover report when staff changed their shift. Discussion with nursing staff, the acting manager and review of records evidenced that each patient’s hydration needs had been reviewed by nursing staff. GPs had been contacted for any patient identified as being at risk of dehydration for advice regarding the optimum fluid intake and if or when the GP wished to be contacted if the agreed intake was not met. Some GP responses were still outstanding but the majority had been received and records updated to show the decisions made.

**Conclusion**

The actions required to comply with regulations as stated within the failure to comply notice FTC/NH/11107/2016-17/02 were evidenced to have been met in full.

**Areas for improvement**

Review of records evidenced that a number of charts in place duplicated information held or recorded elsewhere. This led to staff not completing some records in full; with areas on charts/forms left blank. Details were provided during feedback to the acting manager. RQIA acknowledged that the acting manager and her team had to address the care issues identified within the failure to comply notices as a priority but a recommendation was made that records were reviewed to ascertain if they were relevant/required and necessary.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O’Kane, Acting Manager, and John Rafferty, Responsible Individual, 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 18 (1)  <b>Stated:</b> First Time  <b>To be completed by:</b> 1 December 2016	<b>Carried forward to next care inspection.</b> 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.  <b>Ref: Section 4.1</b>  <b>Response by registered provider detailing the actions taken:</b> This has now been addressed by actioning a comprehensive deep clean.

<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 37 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2017	<p>The registered provider should ensure that records/charts are reviewed to ensure that are relevant and necessary and that the creation and /or deletion of documents is controlled by management.</p> <p><b>Refer Section 4.2.2</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            All records/charts have now been reviewed.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2016	<p><b>Carried forward to next care inspection.</b>            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.</p> <p><b>Ref: Section 4.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            All staff inductions have been reviewed and are currently in place.</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 38 <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2016	<p><b>Carried forward to next care inspection.</b>            The registered provider should ensure that the registered manager clearly evidences their review /approval of the outcome of employees' Access NI check.</p> <p><b>Ref: Section 4.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            An Access NI log is now in place and reviewed by the Manager.</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 44,criterion 3 <b>Stated:</b> First time <b>To be completed by:</b> Immediately from date of inspection	<p><b>Carried forward to next care inspection.</b>            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.</p> <p><b>Ref: Section 4.1</b></p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            All rooms are appropriately allocated.</p>

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



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