



Unannounced Care Inspection

Name of Establishment: Rose Martha Court

RQIA Number: 11107

Date of Inspection: 4 February 2015

Inspectors' Name: Lyn Buckley and Karen Scarlett

Inspection ID: IN017179

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of establishment:	Rose Martha Court
Address:	30 Westbourne Avenue Ballymena BT43 5LW
Telephone number:	02825648165
Email address:	manager.rosemartha@runwoodhomes.co.uk
Registered organisation/ Registered provider/Responsible individual:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered manager:	Sheila Harvey – registration pending
Person in charge of the home at the time of inspection:	At the commencement of inspection: Registered Nurse Sampario. Ms Sheila Harvey, home manager, was in charge from 09:00hours
Categories of care:	NH – I, PH, PH(E), DE (max 29) and TI RC - I (max 20) and DE (max 18)
Number of registered places:	100
Number of patients/residents accommodated on day of inspection:	88
Date and type of previous inspection:	16 July 2014 Secondary unannounced care inspection
Date and time of inspection:	4 February 2015 07:45 – 15:00
Name of Inspectors:	Lyn Buckley and Karen Scarlett

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

Information had been received raising concerns about the care of patients in the home. Therefore the purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- discussion with the director of operations and care services
- discussion with the manager
- review of a sample of staff duty rotas
- review of a sample of nursing care records
- consultation with patients, staff and others (service users will be referred to as patients within this report)
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspectors spoke with:

Patients/Residents	7 patients and with others in smaller groups
Staff	17
Relatives	2
Visiting Professionals	2

6.0 Inspection Focus

In January 2015 RQIA received information from the Northern Health and Social Care Trust (NHSCT), by email, expressing their concern regarding the management of incident investigations of potential or alleged safeguarding of vulnerable adults (SOVA) issues. A number of investigations were outstanding and the Trust were concerned regarding the lack of progress in completing these investigations.

Additional information was received on behalf of a relative raising concerns regarding staffing level particularly at night, timely delivery of care and the management of meals.

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

Given the information received regarding care practices and RQIA decided to bring forward the planned inspection of the home. It was decided that an unannounced early morning inspection would be undertaken and the following areas examined:

- management of the home
- staffing
- care practices
- mealtime experience
- environment
- compliance in relation to the requirements and recommendations made during the previous inspection on 16 July 2014.

The inspectors have rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Rose Martha Court is a registered nursing home situated in a housing development off the main Cullybackey Road Ballymena. The nursing home is owned and operated by Runwood Homes. The nurse manager is Ms Sheila Harvey who was appointed in August 2014. Mr Nadarajah (Logan) Logeswaran, managing director, is the registered responsible individual for the home.

Accommodation for patients is provided in four designated units. On the ground floor there are two units, the residential dementia unit and the nursing dementia unit. The general nursing and residential units are located on the first floor. All bedrooms are single rooms with en suite facilities. Access to the first floor is via a passenger lift and stairs.

Communal facilities including lounge and dining areas are provided in each of the four units. The home also provides for catering and laundry services on the ground floor.

An enclosed garden is situated at the back of the building and this can be accessed by patients via the ground floor units or the café located in the main foyer. The life style café provides tea and coffee making facilities for patients and visitors.

The home is registered to provide care for patients under the following categories:

Nursing Care (NH)

I	old age not falling into any other category
DE	dementia care – a maximum of 29 patients in this category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

Residential Care (RC)

I	old age not falling into any other category – a maximum of 20 residents in this category
DE	dementia care – a maximum of 18 residents in this category

8.0 Executive Summary

This unannounced inspection of Rose Martha Court was undertaken by Lyn Buckley and Karen Scarlett on 4 February 2015 between 07:45 and 15:00. The inspection was facilitated by the manager, Ms Sheila Harvey and Mr Emerson Kupfuwa, director of operational services, who provided support for the nurse manager. Both were available throughout the inspection and for verbal feedback at the conclusion of the inspection.

Following receipt of information (refer to section 6) and discussion with RQIA senior management a decision was made that the focus of this inspection was to assess compliance with the requirements and recommendations made during the previous inspection on 16 July 2014; and the standards being met in relation to the following areas:

- management of the home
- staffing
- care practices
- mealtime experience
- environment.

Refer to sections 6.0 and 9.1.

During the course of the inspection patients, residents, relatives, visiting professionals and staff on duty were spoken with. Care practices were observed, a selection of records examined and a review of the home's environment was also undertaken.

The five requirements and five recommendations made as a result of the previous inspection on 16 July 2014 were examined during the inspection. One requirement assessed as moving towards compliance is restated for the third and final time, one assessed as not compliant is restated for the third and final time, two were carried forward for review at the next care inspection and one could not be assessed as worded in the requirement. Three of the five recommendations were assessed as compliant, one was carried forward for review during the next inspection and one was assessed as moving toward compliance and stated for a third time. Details of the inspectors' findings can be viewed in the section immediately following this summary.

Concerns about the management and governance of the home were evidenced throughout the inspection process. For example, the management structure and staffing arrangements did not support the delivery of safe and effective care to patients (refer to section 10.0). Management advised of the difficulty in appointing permanent registered nurses which had led to reliance on agency nurses 'to cover' all nursing shifts for night duty and some on day duty. Nursing tasks were also inappropriately delegated to senior care staff.

The arrangements in place for the induction of agency nurses were not robust and in particular the induction and competency and capability assessments of registered nurses taking charge of the home in the absence of the manager, including agency nurses. Observation and discussion also evidenced that staff were unable to readily identify which registered nurse was in charge of the home.

The director of operational care services confirmed that despite 'active and ongoing advertising' the home had experienced difficulties in recruiting appropriately qualified staff to senior roles within the home. Plans were in place to address these difficulties. Refer to section 10.3.

The requirements made in relation to the day to day management of the home are detailed in section 10.1 and 10.2.

At the commencement of the inspection it was evidenced that the majority of patients were still in bed asleep and those who were up had been assisted to wash and dress and had had some breakfast. Patients who were up and able to communicate confirmed that they liked to get up early. The home was quiet throughout with no evidence of patients being got up early to assist the routine of the home. For details refer to section 10.1.

Observation of interactions between patients and staff were evidenced to be appropriate and good relationships were evident.

Through discussions with staff, a review of care records and the observation of care practices a number of issues requiring improvement were highlighted. For example, the majority of patients within the nursing dementia unit were seated in the first lounge/ dining area which was crowded and noisy especially during the serving of lunch. It was suggested that by utilising the second empty lounge/dining area the experience for patients would be improved. Staff stated it was easier to have everyone together. The evidence highlighted that the care delivered was the minimum required. Requirements were made. For details refer to section 10.4.

A random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. In general the areas examined were found to be clean, reasonably tidy and well decorated and warm throughout. However, staff areas were found to be cluttered and disorganised.

Although the bedroom referred to in a previous requirement could not be identified (refer to section 9 requirement 5), a pervading malodour was detectable throughout the ground floor units and in two bedrooms also on the ground floor. The manager confirmed that for one bedroom in the nursing dementia unit, cleaning was 'in progress' and if required the bedroom carpet would be replaced.

The management of malodours was discussed identifying specific concerns regarding the management of incontinence. For further information refer to section 10.2 and 10.4. A requirement and recommendation were made recommended that staff areas are kept tidy and organised.

Three patients care records in relation to the management of pain, pressure relief and wounds were reviewed. It was evidenced that care records did not guide, support or evidence the delivery of care. The recording system identified that a care assistant had 'created' one of the care plans for a nursing patient. This is unacceptable. It was disappointing that registered nurses were delivering care not prescribed by them. Daily evaluations in nursing patient records were credited to a senior care assistant rather than the registered nurse responsible for the care of the patient. During feedback management stated that this was due to a lack of specific electronic 'log on permissions' for agency staff. A requirement /is made. Refer to section 10.6 for details.

Refer to sections 10.7 and 10.8 for comments from patients, staff, relatives and visiting professionals.

As a result of this inspection, seven requirements are made and one requirement is carried forward for review. Two of the requirements made are stated for a third and final time and one for a second time. Two recommendations are also made one of which is stated for a second time; and one recommendation carried forward for review.

The inspectors would like to thank the patients, relatives, visiting professionals, management and staff for their assistance and co-operation throughout the inspection process.

Following the inspection the outcomes were discussed with senior management in RQIA. Consideration was given to escalating the enforcement procedures. Having examined the evidence it was decided to invite the responsible individual of Runwood Homes Ltd to a serious concerns meeting. At that meeting on 11 February 2015 the responsible individual provided a full account of the actions being taken and the arrangements which had or were being implemented to ensure that the concerns would be addressed to ensure compliance with legislative requirements and the minimum standards. RQIA considered the matter and confirmed that the responsible individual would be given a period of time to address the matters. A monitoring inspection will be arranged.

9.0 Follow-Up on previous issues raised during the unannounced care inspection conducted on 16 July 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	19 (1) (a) Schedule 3 (3)(k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.</p>	<p>A review of two patient repositioning records evidenced that staff were not delivering care as planned in relation to the frequency of repositioning.</p> <p>Following discussions with RQIA senior management and the serious concerns meeting with the responsible individual, it was decided that this requirement would be stated for a third and final time.</p>	Moving toward compliance
2	17(1)	It is required that the manager introduce a system of audit to ensure that care records meet regulatory and professional standards.	<p>Due to the inspection focus this requirement was not assessed during this inspection.</p> <p>Details regarding the standard of record keeping can be viewed in section 10.6.</p>	Carried forward for review during the next care inspection

3	20 (1) (a)	<p>The manager must review staffing levels and the deployment of staff to ensure that there is sufficient staff to appropriately meet the needs of the patients.</p> <p>A protocol must be put in place to advise staff of how staffing throughout the home will be managed in the event of staff reporting sick at short notice. The protocol must include the options available to replace staff and the deployment of staff in the event that replacement staff cannot be found.</p>	<p>The duty rotas for nursing and care staff from 28 January to 8 February 2015 were reviewed. Rotas indicated clearly the staffing levels for each unit.</p> <p>From a review of rotas, discussion with staff and patients, review of care records and observation of the delivery of care; it was concluded that despite the number of staff on duty reflecting the patients' needs were not being met. Refer to section 10.2.</p> <p>Staff spoken with were aware of and utilised the protocol when a member of staff cancelled a shift at short notice.</p> <p>Following discussions with RQIA senior management and the serious concerns meeting with the responsible individual it was decided that this requirement would be stated for a third and final time.</p>	Not compliant
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4	12 (2) (b)	<p>The manager must ensure that equipment in the nursing home is properly maintained and in good working order.</p> <p>It is required that the emergency equipment with the home is check daily and records maintained to evidence that daily checks are completed.</p>	<p>Due to the inspection focus this requirement was not assessed during this inspection.</p>	<p>Carried forward for review during the next care inspection.</p>
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5	18 (2) (j)	<p>One bedroom was malodorous on the day of inspection. It is required that the management of odours in the identified bedroom is reviewed and action taken to eliminate and manage odours within the bedroom.</p>	<p>Due to changes in manager and inspectors the bedroom specified in this requirement could not be identified. However, in general a pervading malodour was detectable in both of the ground floor units and two bedrooms, also on the ground floor.</p> <p>The manager confirmed that for one bedroom in the nursing dementia unit, cleaning was 'in progress' and if required the bedroom carpet would be replaced.</p> <p>The management of malodours highlighted specific concerns regarding the management of incontinence. Refer to section 10.5</p> <p>This requirement as written could not be validated but the evidence seen indicated that the management of malodours requires to be addressed. A requirement is made.</p>	<p>Unable to validate requirement as stated.</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	5.3	Repositioning charts should also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.	<p>Review of repositioning records indicated that staff did not always complete the section on 'skin inspection' at the time of each repositioning.</p> <p>Management were asked to consider the layout of the form in relation to the skin inspection; how and when checks should be carried out in conjunction with advice from tissue viability nurse specialist.</p> <p>Following discussions with RQIA senior management and the serious concerns meeting with the responsible individual, it was decided that this recommendation would be stated for a third and final time.</p>	Moving toward compliance
2	25.13	It is recommended that when the annual report is completed for the period 2013/2014 a copy is provided to RQIA.	There was evidence to confirm that RQIA had received this report on 4 August 2014/	Compliant
3	17.4	The outcome of the issues identified by relatives during the inspection will be provided to RQIA as agreed with the manager and regional care director.	This information was received by RQIA in August 2014.	Compliant

4	12.3	It is recommended that the menu for patients who required modified consistency meals is reviewed to ensure that the meals served at lunch and evening tea offer a variety for those patients.	The serving of modified consistency meals was not assessed during this inspection. Inspection findings in respect of meal and mealtimes can be found in section 10.4	Carried forward for review during the next care inspection.
5	1.1	It is recommended that the restrictive practice of locking residents' bedroom doors is reviewed to ensure that patients' have unrestricted access to their bedroom and personal belongings if, and when, they require.	During this inspection the locking of bedrooms doors was not evident.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Refer to section 6.0.

Since the previous inspection in July 2014, RQIA have been notified by the home and the NHSCT of incident investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. In January 2015 the NHSCT raised concerns with the home and RQIA regarding the lack of progress in completing the investigations.

During this inspection, discussion with management confirmed that the person delegated the responsibility of managing the outstanding investigations was not professionally qualified. This was concerning as the person delegated this task should have been a senior registered nurse or the manager. This was also raised with the responsible individual Mr Logeswaran during a serious concerns meeting held in RQIA on 11 February 2015.

The NHSCT's safeguarding team are managing the SOVA issues under the regional adult protection policy and procedures and liaising directly with the homes management. The director of operational services confirmed to RQIA that the home had voluntarily agreed not to admit any new patients until all outstanding incident investigations were completed.

While RQIA are not part of the investigatory process RQIA have been kept informed at all stages of the investigations by the Trust and will attend multi agency strategy meetings as deemed appropriate. NHSCT continue to advise RQIA of any concerns they have in relation to care within Rose Martha Court.

10.0 Inspection Findings

10.1 Early Morning Routine

The inspection commenced at 06:45. The home was quiet throughout with no evidence of patients being got up early to assist the routine of the home. The majority of patients were still in bed asleep and those who were up had been assisted to wash and dress and had had some breakfast. Patients who were up and able to communicate confirmed that they liked to get up early.

Night staff spoken with, on arrival, were unable to confirm the name of the registered nurse in charge of the home and which unit they were working in. Both staff had to refer to the duty rota to confirm this information.

The registered nurse responsible for the nursing unit on the ground floor revealed that at 06:30 hours the home's fire alarm had activated. The nurse in charge of the home did not share this information with RQIA despite being asked about fire safety measures and procedures. Later, the nurse in charge confirmed that they had not attended the fire alarm panel nor confirmed the cause of the activated alarm. The nurse in charge was aware that this was a serious error in judgement and procedure. In further discussion it was evident that this nurse had received little or no induction in relation to the nurse in charge role. This was also evidenced from a review of induction records.

Discussion with management during feedback confirmed that the registered nursing hours for night duty were covered by agency staff and that the role of nurse in charge of the home was also fulfilled by a registered nurse from the agency. Records were provided regarding the induction of agency staff to the home on their first shift, including the nurse in charge. These records were not robust and there was no record of competency and capability assessment for the role of the agency nurse in charge of the home.

An urgent action requirement was made, during feedback to the management team that the responsible individual/manager must ensure that any registered nurse who is designated to take charge of the home, in the absence of the home manager, is deemed competent and capable to do so.

10.2 Staffing

Review of duty rotas for nursing and care staff from 26 January to 8 February 2015 confirmed that staffing levels were generally in keeping with the planned staffing levels discussed with inspectors. Staff spoken with confirmed that short notice absences were managed as per the home's protocol.

Following review of duty rotas, discussion with staff and patients, review of care records and observation of the delivery of care; it was concluded that despite the number of staff on duty, patients' needs were not being met.

During the inspection it was observed that patients were waiting unacceptably long periods of time to have their call bells answered and on one occasion an inspector had to intervene and get assistance for a patient. One patient had been incontinent of urine and had not been assisted for some time. This matter was addressed with staff. Patients' personal hygiene needs had not been met in full.

The following issues relating to staffing were evidenced:

- the absence of experienced permanent registered nurses had reduced the skill mix resulting in an over reliance on junior staff
- night duty nursing shifts were covered by registered nurses from an agency
- staff were uncertain as to who was in charge of the home and were reporting to a senior care assistant rather than the nurse in charge of the home, as would be expected
- some care staff were working beyond their role with tasks delegated inappropriately
- staff induction, supervision, competency and capability assessments and registered nurse perceptorship arrangements were not in place

These issues were discussed in detail with the home manager and the director of operational care services, during feedback at the conclusion of the inspection. In addition to the urgent action requirement made (see section 10.1); a requirement in relation to the staffing is stated for the third and final time.

10.3 Management Structure

The home manager had taken up her post in August 2014. The post of deputy manager and a number of permanent registered nursing posts, particularly on night duty, were vacant. It was evidenced that the lack of senior staff and a clearly defined management structure, within the home, had impacted on the home manager's ability to effectively manage the home on a day to day basis. The director of operational care services confirmed that additional senior support had been arranged but had been withdrawn to another area of work. It was concluded that the management arrangements, as evidenced did not support the delivery of safe and effective care to patients.

This concern was discussed during feedback at the conclusion of the inspection.

The director of operational services confirmed that despite 'active and ongoing advertising'; the home had experienced difficulties in recruiting appropriately qualified staff to senior roles within the home. He advised that management planned to recruit a deputy manager who would be the clinical lead nurse and a residential team leader with responsibility for both residential units and responsible/reporting to the nurse in charge of the home.

The requirements made in relation to the day to day management of the home are detailed in section 10.1 and 10.2.

10.4 Care Practices

The interactions between patients, and staff were appropriate, and good relationships were evident. Through discussions with staff, a review of care records and the observation of care practice in the home the following issues were highlighted:

- the majority of patients within the nursing dementia unit were seated in the first lounge/dining area which was crowded and noisy especially during the serving of lunch. It was suggested that by utilising the second empty lounge dining area the experience for patients would be improved. Staff stated it was easier to have everyone together;
- the serving of the lunchtime meal was not patient centred;
- there was a lack of attention to the personal hygiene of patients;
- staff stated that they had 'no time' to provide showers or baths;
- diversional therapies/activities were not provided to patients;
- staff were observed walking about the home wearing aprons, gloves, hooded tops/cardigans. This is not acceptable and fails to meet basic infection prevention and control measures;
- one staff member was observed to carry a soiled incontinence pad to a bin and then proceed to another patient's bedroom to provide care without washing their hands. This is not acceptable and fails to meet basic infection prevention and control measures;
- patients who had been incontinent did not have their needs met in a timely manner
- patients were observed waiting 15 minutes or more for their call bells to be answered. Inspectors had to intervene to get assistance for two patients;
- care planning did not direct care delivery.

The evidence highlights that the care delivered was the minimum required.

It is required that the registered person ensures that the individual needs of patients are met in a timely manner and in accordance with best practice guidance.

10.5 Environment

As part of the inspection process, a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas were examined. In general the areas examined were found to be clean, reasonably tidy and well decorated and warm throughout. However, staff areas were found to be cluttered and disorganised.

Although the bedroom referred to in a previous requirement could not be identified (refer to section 9 requirement 5), a pervading malodour was detectable throughout the ground floor units and in two bedrooms also on the ground floor.

The manager confirmed that for one bedroom in the nursing dementia unit, cleaning was 'in progress' and if required the bedroom carpet would be replaced.

The management of malodours was discussed identifying specific concerns regarding the management of incontinence. For further information refer to section 10.2 and 10.4.

Two members of the housekeeping staff were spoken with regarding care delivery, the availability of supplies such as face cloths, towels and wipes, training and reporting of concerns; no issues were raised with the inspectors.

It was evidenced that, the management of malodours requires to be addressed. A requirement is made and it is recommended that staff areas are kept tidy and organised.

10.6 Care Records

Care records are recorded on a computerised system. Three patients care records in relation to the management of pain, pressure relief and wounds were reviewed. It was evidenced that care records did not guide, support or evidence the delivery of care.

The recording system identified that a care assistant had 'created' one of the care plans for a nursing patient. This is unacceptable. It was disappointing that registered nurses were delivering care not prescribed by them. Daily evaluations in nursing patient records were credited to a senior care assistant rather than the registered nurse responsible for the care of the patient. During feedback management stated that this was due to a lack of specific electronic 'log on permissions' for agency staff.

It is required that the registered person ensures that a nursing plan is prepared by a registered nurse as to how a patient's needs, in respect of their health and welfare, are to be met and that the plan is kept under review.

10.7 Staff and Visiting Professional Comments

Staff spoken with raised concerns about staffing levels and the lack of time spent with patients. Some of the staff were not clear about who was in charge of the home and stated that they went to senior care staff for guidance.

Two healthcare professional visiting the home commented on care delivery. One professional stated that the care staff were 'very good and knowledgeable, helpful' and they had 'no complaints' regarding the care of patients. The other healthcare professional emailed RQIA following the inspection highlighting their concerns about

- the delivery of care in the nursing dementia unit in that patients were only using one lounge rather than both. Refer to section 10.4
- the lack of activities within the dementia units. A new therapist recently appointed and the Trust employee were working with them to develop a programme.

10.8 Patient and Relatives' Comments

Patients who were able to comment regarding their care felt that improvements were needed. Staffing levels, waiting for assistance and the standard of the tea toast and the food being 'samey' were mentioned.

Two relatives spoken with; one said they were happy with the care; another relative informed the inspectors that they were perusing a complaint regarding their loved one's care. Management during feedback confirmed that they were aware and managing this relative's complaint.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms S Harvey and Mr E Kupfuwa, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Lyn Buckley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Care Inspection

Rose Martha Court

4 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sheila Harvey, home manager, and Mr Emerson Kupfuwa, director of operational care services, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (3)	<p>The registered person/manager must ensure that any registered nurse designated to take charge of the home, in the absence of the home manager, is deemed competent and capable to do so.</p> <p>Ref: Section 10 (10.1) (10.2)</p>	One	<p>All new nurses are given the general induction on commencement and introduction to perceptorship where required. This is then followed by an assessment of medication competence which is used in conjunction with the Nurse-in-Charge competence induction and assessment. Agency Nurse get a General Induction which includes sections for in charge of unit and in Charge of Home. All employed nurses and agency nurses left in charge of home in absence of manager have received the relevant induction and evidence is on file We have now streamlined the number of agency staff we are using in the home by having regular agency nurses seconded to the home. Of the current seven agency nurses designated to be in charge of</p>	Immediate urgent action required.

				the home, four have received induction on their role and responsibilities as nurse in charge of home; three others have not been on duty since the 18 th and will receive induction & training while on duty when next in over the weekend.	
2	19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence the care delivered and the frequency for repositioning recorded consistently across all documentation.</p> <p>Ref: Section 9 (requirement 1)</p>	<p>Following discussions with RQIA senior management and a serious concerns meeting with the responsible individual it was decided that this requirement would be stated for a third and final time.</p>	<p>Repositioning charts, and food and fluid charts for all residents cared for on their beds have repositioning charts and food fluid charts in each individual resident's room and care staff complete these at the time of repositioning or when food or fluid is offered and taken. Nurses have been instructed to sign for the repositioning regime compliance for each resident as per resident's repositioning schedule. We now an experienced nurse seconded from another home (potential deputy) who will be supporting and monitoring nurses and care staff compliance. Management team monitoring daily for compliance</p>	By end of March 2015.

3	20 (1) (a)	<p>The registered person/manager must review staffing levels and the deployment of staff to ensure that there is sufficient staff to appropriately meet the needs of the patients.</p> <p>Ref: Section 9 (requirement 3) and Section 10 (10.2)</p>	<p>Following discussions with RQIA senior management and a serious concerns meeting with the responsible individual it was decided that this requirement would be stated for a third and final time.</p>	<p>The home's staffing levels are constantly being reviewed in line with numbers and dependency levels. Where the home experiences difficulties with own home staff, our pool of regular agency staff are asked to supplement the numbers. We have had on occasions when the agency staff providers have been unable to cover at short notice sickness. Robust action now in place to address sickness levels in the home. Seconded nurse is assigned to the nursing units to ensure that the unit routines are organised and resident focused. Home currently recruiting for nurses whose employment has been delayed by difficulties faced with AccessNI</p>	By end of March 2015.
4	17 (1)	<p><u>Carried forward for review at next inspection.</u></p> <p>It is required that the registered person/manager introduce a system of audit to ensure that care records meet regulatory and professional standards.</p> <p>Ref: Section 9 (requirement 2)</p>	Two	<p>Guidance provided to all nurses on how to review and personalise care plans and ensuring that each care plan is reviewed monthly or earlier where required. A "resident of the day" system is being introduced to ensure that</p>	By end of March 2015.

				each resident's care plan review is thorough and robust.. All staff have been instructed to ensure that their daily records reflect the individual resident's day.	
5	12 (1)	<p>The responsible individual must ensure that the individual needs of patients are met in a timely manner and in accordance with best practice guidance. .</p> <p>Ref: Section 10 (10.4)</p>	One	<p>A complete audit of the home has been carried out to ensure all call-bells are in place and working. Staff have been instructed to ensure residents have ease access to call bells. Call bells are being monitored daily to ensure that they are being answered in a timely manner. Random spot checks are also being carried to assess staff response times to call bells.</p>	By the end of March 2015.

6	18 (2) (j)	<p>The responsible individual must ensure that the nursing home is free from offensive odours.</p> <p>Ref: Section 9 (requirement 5)</p>	One	Residents' bedrooms are being checked daily to ensure they are clean with no mal-odours. Where a room has malodour, a shampooing schedule is put in place and where this does not work, our facilities team are asked to replace the carpet. One room's carpet has now been replaced and the other scheduled for 26th	By the end of March 2015.
7	16	<p>The responsible individual must ensure that a nursing plan is prepared by a registered nurse as to how a patient's needs, in respect of their health and welfare, are to be met and that the plan is kept under review.</p> <p>Ref: Section 10 (10.6)</p>	One	All nursing care plans for nursing residents are prepared by a registered nurse on each unit. Where a resident has been transferred from the residential units to the nursing units, nurses have been instructed to ensure that care plans are reviewed and updated within 72.00 Hours of transfer. Care Plans being reviewed monthly or earlier when required. Agency Nurses now have their own log-in details to avoid care staff having to sign in to enable them to have access	By end of March 2015.
8	12 (2) (b)	<u>Carried forward for review at next inspection.</u>	One	A schedule of checks has now been put in place to	By the end of March 2015.

		<p>The manager must ensure that equipment in the nursing home is properly maintained and in good working order.</p> <p>It is required that the emergency equipment with the home is check daily and records maintained to evidence that daily checks are completed.</p> <p>Ref: Section 9 (requirement 4)</p>		<p>ensure that all equipment such as hoists and wheelchairs are properly maintained and in good working order Nurses have been instructed to ensure that these checks are carried out as per schedule; e.g daily checks for emergency equipment such as suction machines etc.</p>	
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Recommendations					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.3	<p>Repositioning charts should also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Management should consider the layout of the form in relation to the skin inspection; how and when checks should be carried out in conjunction with advice from specialist tissue viability nurse specialists.</p> <p>Ref: Section 9 (recommendation 1)</p>	Two	Repositioning charts show documented evidence that a skin inspection of pressure areas has been undertaken at each scheduled repositioning. A completion and reporting guideline has been put in place for care staff - nurses are assigned to monitor and formally sign for checks as per resident's repositioning schedule	By the end of March 2015.
2	12.3	<p><u>Carried forward for review at next inspection.</u></p> <p>It is recommended that the menu for patients who required modified consistency meals is reviewed to ensure that the meals served at lunch and evening tea offer a variety for those patients.</p> <p>Ref: Section 9 (recommendation 4)</p>	One	Patients who require modified consistency meals have as much choice of meals as other residents; staff have been instructed to ensure that the actual meal taken is recorded.	By end of March 2015.

3	35	<p>Staff areas should be kept tidy and organised.</p> <p>Ref: Section 10 (10.5)</p>	One	<p>Shift leaders have been asked to keep their offices clean and tidy. Managers monitoring daily</p>	<p>By end of March 2015.</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Emerson Kupfuwa
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	25/3/15
Further information requested from provider			