



**The Regulation and
Quality Improvement
Authority**

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

**Inspector: Lyn Buckley
Inspection ID: IN023409**

**Tel: 028 2564 8165
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**Unannounced Care Inspection
of
Rose Martha Court
5 October 2015**

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

1. Summary of Inspection

An unannounced care inspection took place on 5 October 2015 from 10:25 to 17:05 hours.

Following an unannounced care inspection conducted on 18 March 2015, RQIA issued three failure to comply notices (FTC) on 27 March 2015. Compliance with the three notices was achieved on 10 June 2015. This inspection was undertaken to follow up on the issues raised as a result of an unannounced care inspection on 18 March 2015 which did not form part of the FTC notices.

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

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

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

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Following an unannounced care inspection on 18 March 2015, three FTC notices were issued with regards to management arrangements, staffing arrangements, record keeping, care planning and reporting. An enforcement compliance inspection on 11 May 2015 identified that five of the required actions within the three notices were not addressed in full. RQIA made a decision to extend the notices up to the legislative timeframe of 90 days. Full compliance with the three FTC notices was achieved on 10 June 2015.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

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

2. Service Details

Registered Organisation/Registered Person: Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran – responsible individual	Registered Manager: See below
Person in Charge of the Home at the Time of Inspection: Elaine Allen – acting manager	Date Manager Registered: Mrs Elaine Allen commenced as home manager on 13 May 2015. Awaiting application to be submitted for registration.
Categories of Care: NH – I, DE, PH, PH(E) and TI RC- I and DE Maximum of 29 patients in category NH- DE Maximum of 18 residents in category RC –DE Maximum of 20 residents in category RC-I	Number of Registered Places: 100
Number of Patients Accommodated on Day of Inspection: 73	Weekly Tariff at Time of Inspection: £490- £732

3. Inspection Focus

This inspection was undertaken to follow up on the issues raised as a result of an unannounced care inspection on 18 March 2015 which did not form part of the FTC notices issued on 27 March 2015.

4. Methods/Process

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

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

During the inspection, the inspector met with 13 patients individually and with others in smaller groups; three care staff, three registered nurses and seven relatives.

Prior to inspection the following records were analysed:

- the registration status of the home;
- written and verbal communication received by RQIA since the previous care inspection;
- the returned quality improvement plan (QIP) from the care inspection of 18 March 2015; and
- the previous enforcement compliance care inspection reports for 11 May and 10 June 2015.

The following records were examined during the inspection:

- duty rotas for nursing and care staff from 28 August to 27 September 2015;
- management records relating to:
 - care records
 - competency and capability assessments of the nurse in charge of the home in the absence of the manager;
- complaints record;
- complaints policy and procedure;
- menu record for the general nursing unit for the day of inspection; and
- five patient care records and one patient's care records from archive.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 11 June 2015. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 18 March 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 17 (1) Stated: Third time	It is required that the registered person/manager introduce a system of audit to ensure that care records meet regulatory and professional standards.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with management confirmed that this requirement had been met. However, a recommendation was made in relation to changing the format of auditing care records, within the nursing units, for a defined period of time. Refer to section 5.3.3 for details.	

Requirement 2 Ref: Regulation 12 (2) (b) Stated: Second time	<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 checked daily and records maintained to evidence that daily checks are completed.</p> <p>Action taken as confirmed during the inspection: A review of records and discussion with the manager and one registered nurse confirmed that this requirement had been met.</p>	Met
Requirement 3 Ref: Regulation 16 Stated: First time	<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>Action taken as confirmed during the inspection: A review of five patient care records evidenced that this requirement had been met.</p>	
Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 35 Stated: Second time	<p>Staff areas should be kept tidy and organised.</p> <p>Action taken as confirmed during the inspection: Observation of staff areas evidenced that this recommendation had been met.</p>	Met
Recommendation 2 Ref: Standard 30.7 Stated: First time	<p>The duty rota should reflect in which unit staff are working, enabling anyone reading or reviewing the rota to ascertain the staffing levels for each unit.</p> <p>Action taken as confirmed during the inspection: A review of duty rotas from 28 August to 27 September 2015 evidenced that this recommendation had been met.</p>	

Recommendation 3 Ref: Standard 11.4 Stated: First time	Staff should record the condition/status of a patient's pressure areas using the EUPAP grading guidelines to define their observations. Action taken as confirmed during the inspection: A review of patient records including charts evidenced that this recommendation had been met.	Met
Recommendation 4 Ref: Standard 5.3 Stated: First time	Fluid targets should be reviewed for each patient to ensure these are individualised, realistic and achievable. Action taken as confirmed during the inspection: A review of patient records including charts evidenced that this recommendation had been met.	
Recommendation 5 Ref: Standard 27.6 Stated: First time	Patient records, including archived records, should be maintained in a safe and confidential manner. Action taken as confirmed during the inspection: Observation and discussion with staff confirmed that this recommendation had been met.	Met
Recommendation 6 Ref: Standard 12.10 Stated: First time	Management should review the role and deployment of the staff during meal times. Action taken as confirmed during the inspection: Observation of the serving of the lunch time meal in the nursing unit on the first floor evidenced that this recommendation had been met.	

Recommendation 7 Ref: Standard 12.5 Stated: First time	<p>Management should review the serving of snacks mid-morning and mid-afternoon, and any requested by the patient, to ensure all opportunities to encourage nutritional intake and fluid intake is achieved in accordance with the regional nutritional guidance and good practice in dementia care.</p> <p>Action taken as confirmed during the inspection: Observation and discussion with staff, patients and relatives confirmed that the mid-morning snack was not available.</p> <p>This was discussed with management during feedback.</p> <p>This recommendation was stated for the second time.</p>	Not Met
Recommendation 8 Ref: Standard 12.3 Stated: First time	<p>The recording of menu choice should provide details to enable any person reviewing the record to determine the meal chosen and /or eaten.</p> <p>Action taken as confirmed during the inspection: Review of the menu choice record for the nursing unit on the first floor and discussion with catering staff evidenced that this recommendation had been met.</p>	

5.3 Additional Areas Examined

5.3.1 Staffing and Recruitment.

A review of duty rotas for nursing and care staff from 28 August to 27 September 2015 confirmed that the nurse in charge of the home in the absence of the manager was clearly recorded. Staff spoken with confirmed their knowledge of who was in charge of the home and the identified registered nurse was clear in relation to their role and responsibilities.

The manager confirmed staff levels for the home met the assessed needs of the patients accommodated and that this is kept under review by the home's management team and the regional director.

The home continues to rely on the use of agency registered nurses to cover shifts on both day and night duty. The manager and regional director confirmed that recruitment for registered nurses was 'ongoing' and in the interim, agency nurses were 'block booked' as much as possible to ensure continuity of care for patients.

Staff spoken with stated that they felt that the staffing levels met the needs of the patients.

5.3.2 Consultation with Patients, Relatives and Staff

The inspector spoke with 13 patients individually and with others in smaller groups; three care staff, three registered nurses and seven relatives.

Observations confirmed that patients who could not communicate due to their condition were relaxed and content in their environment. Patients were observed to be in either one of the lounges or in their bedroom and reflected their choice. There was evidence of good relationships between patients and staff. Staff were observed to attend to patients' needs in a caring and sensitive manner.

Patients were complimentary regarding the care they received from staff and stated that they felt safe in the home. One patient felt that there had been improvements within the unit but that the answering of the nurse call bell could still be delayed during busy times. The inspector did activate two randomly selected nurse call bells which were answered promptly within 2-3 minutes.

Relatives were also complimentary of the care delivery and confirmed that improvements had been made. Concerns were raised regarding staffing levels by one relative; but they were aware of the recent change in management and plans for recruitment.

Staff spoken with were knowledgeable of their role and function in the home and of who was in charge of their unit and of the home in the absence of the manager.

5.3.3 Management of Records

A review of the complaints record evidenced that not all complaints were recorded in accordance with the DHSSPS Care Standards for Nursing Homes (April 2015) Standard 16. Details were discussed with the manager and regional manager during feedback. A recommendation was made.

Six care records were reviewed and evidenced a general improvement in the standard of record keeping. This was particularly evident with the recording of the care charts for repositioning and food and fluid intake.

However, some concerns regarding the recording of changes to the assessed care needs of patients were discussed with the manager and regional director as follows:

- one record evidenced that agency nurses were not 'signing in' against an approved personal identification number (PIN) but were using another agency nurse's PIN;
- registered nurses, including agency nurses, did not accurately detail changes in a patient's care and treatment; and
- registered nurses, including agency nurses, recording of care delivery and evaluations lacked detail.

During feedback, the manager confirmed that she and the deputy manager had re-established the care record audit. Records for June and July 2015 were reviewed. However, it was evident that the process of this audit was better suited to a home with a majority of permanent registered nurses and where a system of 'named nursing' was operated.

The manager confirmed that she and the deputy did undertake specific 'mini' audits within the nursing units to ensure changes in care needs were identified and addressed appropriately. However, there was no evidence to support this. It was agreed, following discussion, that the management team should implement a short and focused audit of records. For example, conducting audit of records following the re admission of a patient to the home after a period in hospital; or an admission to the home; or following a GP visit. A recommendation has been made. A second recommendation was made in respect of the recording of audit.

Areas for Improvement

A recommendation was made that all complaints are recorded in the home's complaint record.

A recommendation was made that management implement a short and focused audit of records when the needs of patients change.

A recommendation was made that records of management audits are maintained to ensure the standard of record keeping is acceptable and to evidence governance arrangements.

Number of Requirements:	0	Number of Recommendations:	3
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6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 12.5 Stated: Second time To be Completed by: 30 November 2015	Management should review the serving of snacks mid-morning and mid-afternoon, and any requested by the patient, to ensure all opportunities to encourage nutritional intake and fluid intake is achieved in accordance with the regional nutritional guidance and good practice in dementia care. Ref: Section 5.2		
	Response by Registered Person(s) Detailing the Actions Taken: A meeting was held with the Catering Manager and snacks, nutritional drinks and tea/coffee are being served in the mid-morning period. All staff are aware of this recommendation. This was acted on immediately and has been in place since the 06 October 2015. The Director of Operations has been monitoring this as well.		
Recommendation 2 Ref: Standard 16 Stated: First time To be Completed by: 30 November 2015	It is recommended that all complaints are recorded in the home's complaint record. Ref: Section 5.3.3		
	Response by Registered Person(s) Detailing the Actions Taken: All complaints will be recorded in the complaints book. A new complaints file is being commenced for 2016 as part of the re-structuring of office records for inspection.		
Recommendation 3 Ref: Standard 35 Stated: First time To be Completed by: 30 November 2015	It is recommended that management should implement a short and focused audit of care records when the needs of patients change. Ref: Section 5.3.3		
	Response by Registered Person(s) Detailing the Actions Taken: The Operational Director for Northern Ireland has reviewed this with the Manager and an audit tool developed to keep a record of these audits for inspection purposes and management governance.		
Recommendation 4 Ref: Standard 35 Stated: First time To be Completed by: 30 November 2015	It is recommended that records of management audits are maintained to ensure the standard of record keeping is acceptable and to evidence governance arrangements. Ref: Section 5.3.3		
	A new file has been set up for management audits so that they are easily auditable and promotes good management governance		
Registered Manager Completing QIP		Martin Kelly	Date Completed 11/01/2016

Registered Person Approving QIP	Logan, N. Logeswar mylan hurb	Date Approved	11-01-16
RQIA Inspector Assessing Response		Date Approved	

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

RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	12/01/2016
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