

Unannounced Follow Up Care Inspection Report 19 August 2017



Rose Martha Court

Type of Service: Nursing Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5 LW

Tel No: 02825648165

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide care for up to 100 persons under categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly (acting)	Registered Manager: Anne O'Kane
Person in charge at the time of inspection: Rachel Morrey, Nursing Sister Later joined by Anne O'Kane, Registered Manager	Date manager registered: 22 February 2017
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill PH – Physical disability other than sensory impairment Residential Care (RC) DE – Dementia. I – Old age not falling within any other category.	Number of registered places: Total number of registered beds: 100 Comprising: 29 – NH-DE 18 - RC-DE 20 - RC-I 33 – NH-I, NH-PH/PH(E), NH-TI

4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10:30 to 16:15 hours.

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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd., a lay magistrate issued an order to cancel that home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in this home.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Areas of good practice were identified in respect of the registered manager's knowledge and understanding of her roles and duties, systems of governance and accountability and management of accidents. Good practice was also found in relation to management of fire safety.

Two areas for improvement were identified during the inspection. One in relation to the sufficiency of staffing provision in particular units of the home. This was discussed at length with the registered manager and it was agreed that staffing provision would be reviewed and actioned to ensure that sufficient staff are available at all times to meet the needs of the patients.

The second area for improvement relates to the quality of a high number of occasional chairs in communal lounge areas and the availability of sufficient bedside tables again in communal lounges. The registered manager agreed to monitor the current stock of occasional chairs and tables to ensure there is sufficient to meet the needs of the patients. It is required that a review of the current provision of chairs and tables be undertaken and a refurbishment programme initiated.

Feedback from patients and two visiting relatives was positive with regard to the provision of care and the kindness and support received from staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Rose Martha Court which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Anne O'Kane, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection

No further actions were required to be taken following the most recent inspection on 24 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten patients individually and a further number of patients in small groups, ten staff, two visiting relatives and the registered manager.

The following records were examined during the inspection: three patients' care records, accident records, audits of personal care, duty rotas and fire safety documentation.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 20 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes 2015		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered provider should ensure that care plans relating to the management of weight loss are updated when the patient's needs and/or treatment plan change and nursing staff should refer to the patient's weight loss or gain when reviewing the care plan.	Met
	Action taken as confirmed during the inspection: An inspection of care records together with discussions with staff confirmed that robust systems were in place to monitor and care plan for issues of weight loss or gain.	
Area for improvement 2 Ref: Standard 6.1 Stated: First time	The registered provider should ensure that patients have access to napkins, and/or clothing protectors as is their wish/preference when they are eating or drinking. If required, patients' soiled clothing is changed in a timely manner to maintain dignity.	Met
	Action taken as confirmed during the inspection: Observations of care practices in one of the units of the home at the time of this inspection, found appropriate measures were put in place to meet this issue of improvement.	

6.3 Inspection findings

Management arrangements

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager also confirmed that the needs of patients were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A deputy manager is in place to support the managerial arrangements. Both the registered manager and the deputy manager work supernumerary hours. The deputy manager who was off duty, made contact with the inspector by telephone during the inspection. This acknowledgement of responsibility was commended.

Discussions with the registered manager throughout this inspection found that she had good knowledge and understanding of her role and duties under the Legislation. The registered manager also had a good knowledge of the home and displayed good systems of governance and accountability.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person given the responsibility of being in charge of the home for any period in the absence of the manager. Records of competency and capability assessments were retained.

Care delivery

Discussion with staff established that staff in the home responded appropriately to and met the assessed needs of the patients.

An inspection of three patients' care records was undertaken. These were maintained in line with the relevant regulations and standards. They included up to date assessments of need, life history, risk assessments, care plans and daily/regular statement of health and well-being of the patient. Care needs assessment and risk assessments such as safe moving and handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

Discussion with patients and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. The need for and effectiveness of analgesia was evidenced to be recorded in the patient's care records.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of the records of accidents/incidents/notifiable events confirmed that these were appropriately documented and reported to RQIA and other relevant organisations in accordance with the regulations and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties.

Discussion with patients and staff and observation of care delivery confirmed that patients' needs were recognised and responded to in a prompt and courteous manner by staff.

The inspector met with the 10 patients individually throughout the inspection and a number of other patients in small groups. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff and the provision of meals.

Some of the comments included statements such as:

"The staff are all very kind. I have no worries."

"The staff are very busy but they do care and they always speak nicely to me."

The inspector also met with two visiting relatives who voiced confidence with provision of care and staff kindness and support.

Good standards of hand hygiene were observed to be promoted within the home among patients, staff and visitors.

Observation of the lunch time meal in one of the units of the home found it to be appetising and nicely presented.

Staffing arrangements

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the patients were met.

Staff in discussion with the inspector, raised some concerns regarding the sufficiency of staff on specific shifts. These concerns were discussed with the registered manager in depth during the inspection and assurances were provided that a review of staffing provision was required to ensure there are adequate numbers of registered nursing and care staff to meet the numbers and dependencies of patients at all times. Staffing is stated as an area for improvement in the quality improvement plan.

No concerns were raised from patients or two visiting patient representatives about staffing other than that they felt staff were very busy.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Behaviours that challenge

Discussion with the registered manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records confirmed that individual care needs assessments and risk assessments were obtained prior to admission.

Discussion with the registered manager and inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Discussions with staff confirmed that they had received training in dementia and associated behaviours. Staff reported that there were no overt incidents of challenging behaviours ongoing in the home. Staff also reported that issues of distressed behaviour were appropriately managed. However staff did discuss the staffing provision in the nursing dementia unit which at times may impact upon their ability to fully meet the needs of patients. See section 'staffing arrangements.'

Environment

The home was evidenced to be clean and tidy with a good standard of décor being maintained. Of the sample of patients' bedrooms viewed these were found to be personalised with photographs, memorabilia and personal items. Communal areas were tastefully furnished.

The inspection did note that a high number of armchairs appeared to be worn and may be becoming uncomfortable. Patients however, did not raise any concerns in this regard. It was also noted that additional occasional tables in the communal areas may well enhance the patient experience. These matters were discussed with the registered manager and an assurance was given that refurbishment of seating was required and additional tables would be provided.

An area of improvement in accordance with standards was identified that:

- a number of chairs were in need of replacing due to being tired and sagging
- there was a lack to bedside tables and small tables in the communal areas to meet patients' needs with meals, fluids and comfort

The grounds of the home were well maintained with good accessibility for patients.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to patients, staff and visitors.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Fire safety

The home had an up to date fire risk assessment in place dated 30 September 2016 and all recommendations were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice per year. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Patients had a completed Personal Emergency Evacuation Plan (PEEP) in place.

There were found to be no obvious risks to fire safety such as wedging opening fire safety doors or obstructions to fire safety exits.

Discussions with staff on the management of patients who smoke evidenced that there were good measures of safety in place for the two identified patients. These included risk assessments and subsequent care plans for patients who smoke. The assessment took account of contributing factors pertaining to risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.

Areas of good practice

There were examples of good practice in respect of the registered manager's knowledge and understanding of her roles and duties, systems of governance and accountability and management of accidents. Good practice was also found in relation to management of fire safety.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to staffing levels, and identified issues with furnishings.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O’Kane, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 Areas for improvement

One area for improvement has been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005. One has also been identified in regards to Care Standards for Nursing Homes – April 2015.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 25 August 2017	<p>The registered person shall ensure that at all times suitably qualified, competent and experienced staff are working at the nursing home in such numbers as are appropriate for the health and welfare of patients. The registered person must review</p> <ul style="list-style-type: none"> The registered nursing and care staff provision, specifically focusing on the afternoon, evening and night duty periods. <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: A full review of staffing was completed by the Group Director of Operations, Acting Home Manager and NI Deputy Director of Operations. This encompassed resident dependency, staff feedback, environmental factors and safe and effective provision of care. New staffing grids have been assigned to Rosemartha Court and will be monitored in line with changes in individual need.</p>
Area for improvement 2 Ref: Standard 43.2 Stated: First time To be completed by: 18 November 2017	<p>The registered person shall ensure there are adequate furnishings provided. The registered person must complete:</p> <ul style="list-style-type: none"> A review of the quality of occasional chairs available in communal lounge areas and establish a refurbishment program to replace those identified as being beyond use. This review should be retained for inspection along with any refurbishment program generated. A review of the provision of bedside tables and small occasional tables in the communal areas, to ensure that patient's needs with meals, fluids and comfort are met. <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: A full review was completed by the Renewals and Facilities Team which has been signed off by the Group Director of Operations as approved. A full facilities audit was completed on 13/9/17. Commercial cleaning was recommended and replacements will be phased in. 13 Lounge chairs have been ordered as well as 16 occasional tables, 14 bed side tables and a renewal of dementia friendly crockery.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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