

Unannounced Care Inspection Report 20 February 2017



Rose Martha Court

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Rose Martha Court took place on 20 February 2017 from 10:30 to 15:30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

Is care safe?

Following discussion with management, staff and patients and a review of records it was evident that systems and processes were in place and monitored by the manager and her team to ensure the delivery of safe care. Staffing levels were monitored and adjusted to ensure patient needs were met. Training was provided and the learning from it was monitored to ensure the staff were enabled to provide the right care safely. Refer to section 4.4 for further details.

There were no areas for improvement identified.

Is care effective?

Observation of care practices, review of records and discussion with patients and staff evidenced that there were systems and processes in place to ensure the timely delivery of effective care. Staff consulted were knowledgeable and confident in their role. Patients said that staff delivered the right care at the right time.

The manager had implemented systems and processes to ensure effective communication throughout all grades of staff was maintained. Refer to section 4.5 for further details.

A recommendation was made in relation to the review of care plans.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

There was evidence of good communication in the home between staff and patients. Patients spoken with were complimentary regarding staff. Refer to section 4.6 for further details.

A recommendation was made in relation to the availability of napkins/protectors and that soiled clothing is changed promptly following mealtimes/snacks to maintain dignity.

Is the service well led?

Based on observations, the review of records, systems and processes; and comments from patients, relatives and staff it was evident that the home was well led. As discussed in the main body of this report, it was evident that the manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. There was evidence that the manager was available to patients, their relatives and operated an ‘open door’ policy. Refer to section 4.7 for further details.

There were no areas for improvement identified.

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
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Anne O’Kane, manager, 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 announced enforcement compliance inspection undertaken on 24 November 2016. 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 as the result of the findings of an unannounced care inspection on 13 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/1107/2016-17/02).

The date for compliance with the two notices issued was 24 November 2016. Evidence was available to validate compliance with the two failure to comply notices.

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

2.0 Service details

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

3.0 Methods/processes

Prior to inspection we analysed the following information:

- 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 quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we spoke with six patients individually and with the majority of others in small groups, two relatives, eight care staff, three registered nurses and three staff members from hospitality.

In addition questionnaires from RQIA were provided for distribution by the manager; 10 for relatives/representatives; eight for patients and 10 for staff not on duty during the inspection. Three staff questionnaire and four patient questionnaires were returned within the timescale specified. Refer to section 4.6 for details.

The following information was examined during the inspection:

- 10 patient care records including care charts such as repositioning, food intake and fluid intake records
- staff duty rotas from 12 to 18 February 2017
- staff training outcomes for 2016
- two staff recruitment records
- complaints record
- compliments record

- a selection of incident and accident records including audit processes
- record of quality monitoring visits carried out on behalf of the responsible individual in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005
- records of audit and governance relating to management of wounds, falls and complaints
- records for checking nursing staff registration with Nursing and Midwifery Council (NMC))
- nursing desk diaries and wound care files
- consultation with staff, patients and relatives.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspections dated 13 October 2016 and 24 November 2016.

The most recent inspection of the home was an announced enforcement compliance inspection dated 24 November 2016. One recommendation was made and was reviewed during this inspection. Refer to section below for details.

The unannounced care inspection dated 13 October 2016 led to the issue of two failure to comply notices. Requirements and recommendations were also made which did not form part of the failure to comply notices and were included on a QIP. The QIP was reviewed during this inspection. Refer to section below for details.

4.2 Review of requirements and recommendations from the last care inspections dated 13 October 2016 and 24 November 2016

Care inspection statutory requirements 13 October 2016		Validation of compliance
Requirement 1 Ref: Regulation 18 (1) Stated: 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.	Met
	Action taken as confirmed during the inspection: Review of the premises and discussion with the manager evidenced that the malodour had been effectively managed and eliminated from the specified bedroom.	

Care inspection recommendations 13 October 2016		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: 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.	Met
	Action taken as confirmed during the inspection: Review of two staff induction records, discussion with the manager and with staff confirmed that the induction records were completed in full with evidence of senior managers review of the outcome.	
Recommendation 2 Ref: Standard 38 Stated: First time	The registered provider should ensure that the registered manager clearly evidences their review /approval of the outcome of employees' Access NI check.	Met
	Action taken as confirmed during the inspection: Review of records and discussion with the manager confirmed that this recommendation had been met.	
Recommendation 3 Ref: Standard 44.3 Stated: 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.	Met
	Action taken as confirmed during the inspection: Observation of the premises confirmed that this recommendation had been met.	
Care inspection recommendations 24 November 2016		Validation of compliance
Recommendation 1 Ref: Standard 37 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of records, discussion with the manager and with staff confirmed that this recommendation had been made.	

4.4 Is care safe?

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 12 to 18 February 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels although some patients did comment that staff 'were very busy'.

The manager informed us that staffing levels on one unit had been increased over the night duty period based on the manager's analysis of the number, pattern and trend of falls. Since the change in staffing levels there was evidence that this action had had a positive impact on patients' safety and well-being by reducing the number of falls within the unit. This is good practice.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction period. Recruitment records for two staff were reviewed and found to be completed in full and in accordance with legislative requirements. Staff induction records were also in place for these staff.

Discussion with the manager and staff evidenced that a system was in place to ensure staff attended mandatory training. Review of the training matrix/schedule for 2016 indicated that training was planned in advance to ensure that mandatory training requirements were met. Training outcomes for 2016 had also been reviewed by the manager, when she had taken up her post, to ensure staff training needs were met and compliance levels had improved. RQIA were assured that 100% compliance in training requirements and training to support the needs of patients was the objective of management.

Staff consulted and the observation of care delivery and staff interactions with patients clearly demonstrated that knowledge and skills, gained through training and previous care experience, were embedded into practice. Staff were confident in carrying out their role and function in the home. The manager and staff demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff with Nursing and Midwifery Council (NMC).

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Staff spoken with confirmed that nursing staff and care staff were knowledgeable of the actions to be taken in the event of an emergency. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was found to be warm, well decorated, and clean throughout. Housekeeping staff were commended for their efforts. Fire prevention and safety and infection prevention and control measures were adhered to.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Risk assessments informed the care planning process.

There was evidence registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Patient care records reviewed reflected the assessed needs of patients, were kept under review and where appropriate, reflected the recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Observations of the care delivered and review of care charts such as reposition records, evidenced that the needs of patients were met by the staff on duty and that the care was delivered as planned.

Review of the management of food and fluid intake charts for patient identified as being at risk of weight loss or dehydration indicated that these records were recorded contemporaneously. However, the food and fluid intake charts identified concerns regarding the provision of nutritious snacks and drinks for patients identified as being at risk of weight loss. For example, records indicated patients were offered a fortified diet but not fortified drinks. This was discussed with the manager. RQIA accepted that patients may prefer juice but it was evident that staff needed to be more aware to offer the available fortified drinks as well as the diet. The manager agreed to address this matter following the inspection.

RQIA were satisfied from a review of weight management records that patients identified as being at risk of weight loss, were referred to healthcare professionals appropriately, received a fortified diet and their weight was monitored in line with nutritional guidance and best practice. However, a review of a sample of care plans, relating to weight loss, evidenced that nursing staff did not always record the changes to the patients' needs/treatment; or refer to the patient's weight loss or gain when reviewing the care plan. A recommendation was made.

Call bells and patients' verbal requests for assistance were responded to promptly. Staff were also observed to be proactive in their approach to providing care particularly within the supervised lounges.

Discussion with staff confirmed that all nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff stated that since the manager took up post improvements had been made to ensure effective communication. Staff said they worked together effectively as a team because they now communicated effectively. Staff stated that they were able to make a difference to patients' quality of life. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Staff confirmed they could raise any concerns with senior staff and were confident of support and, if required, confidentiality from the senior staff and/or the manager. Staff stated that the manager was “firm but fair”; “approachable and supportive”.

As discussed in section 4.4 observation of care delivery was found to meet patient needs.

Patients spoken with expressed their confidence in raising concerns with the home’s staff and/or management. Patients were aware of who their named nurse was and knew the manager.

Areas for improvement

It was recommend 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.

Number of requirements	0	Number of recommendations	1
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4.6 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated knowledge of patients’ wishes, preferences and assessed needs. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. It was evident that there were good relationships between patients and staff.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff

Review of records and discussion with the manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Outcomes from a recent satisfaction survey were displayed in the foyer. Outcomes were positive.

Patients and one relative consulted confirmed, that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. The relative consulted was complimentary regarding the care their loved one received, the attitude of staff and management of the home.

Patient, relative and staff questionnaires were provided by RQIA for distribution by the manager post inspection. Three staff questionnaire and four patient questionnaires were returned within the timescale specified. Details were recorded as follows:

Patients indicated that they were either “very satisfied” or “satisfied” that care was safe effective and compassionate and the service was well led (4). Only one comment was recorded as follows:

“Breakfast very slow.”

Staff indicated that they were “very satisfied” or “satisfied” that care was safe effective and compassionate and the service was well led.

The serving of the lunchtime meal in one unit confirmed that patients' needs were met by staff in a timely, considerate and caring manner and that nursing staff ensured patients' needs were fully met. For patients requiring a pureed meal each element of the meal was pureed separately to enable patients to experience different flavours. One member of staff was observed to have mixed together a patient's puree meal. Unless a patient requests it, it is not good practice to mix the elements together. This was brought to the attention of the manager who addressed this with the member of staff immediately. RQIA were satisfied that this situation was managed appropriately.

We observed in one unit, prior to the serving of the lunch time meal, that patients' clothing was stained with food. Staff indicated that they did not have enough clothing protectors and that the patients clothing would be changed after lunch. In another unit staff also stated that they did not have enough clothing protectors. This was discussed with the manager who confirmed that a number of new protectors had been recently purchased and that it should not be an issue. Following investigation the manager confirmed that the protectors were available in the laundry and that staff had not collected them. A recommendation was made.

Areas for improvement

It was recommended 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 promptly to maintain dignity.

Number of requirements	0	Number of recommendations	1
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4.7 Is the service well led?

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Staff were able to identify the person in charge of the home when the manager was not on duty.

Staff, patients and relatives were complimentary in relation to how the manager led and managed the home and supported them on a daily basis. For example, staff commented that the manager was observed "out on the floor" and that she was aware of staff and patients' needs.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was available. Discussion with the manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and the relative spoken with confirmed that they were aware of the home's complaints procedure. Patients/relative confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Staff were knowledgeable of the complaints and adult safeguarding processes commensurate with their role and function. A review of notifications of incidents to RQIA since November 2016 confirmed that these were managed appropriately. Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/or potential adult safeguarding concerns were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, an audit was completed in accordance with best practice guidance in relation to the incidence of wounds/pressure ulcers, falls, complaints and incidents/accidents. There was evidence of actions taken to address any deficits identified by the audit processes.

There was an effective system in place to ensure nursing staff were registered with the NMC.

Review of Regulation 29 monitoring reports for December 2016 and January 2017 and discussion with the manager evidenced that these visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

It was evident that the manager had implemented and managed systems of working within the home which were patient focused, impacted positively on the patient experience and involved and encouraged staff to deliver care appropriately to meet the assessed needs of patients. There was evidence that the manager was available to patients, their relatives and operated an 'open door' policy.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 Ms Anne O'Kane, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: Section 4.5</p> <p>Response by registered provider detailing the actions taken: Care plans are now updated every month to reflect any weight loss or weight gain.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>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.</p> <p>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: A staff supervision has been completed with all staff to address this .</p>



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