



Unannounced Care Inspection Report 28 April 2021



Rose Court Nursing Home

Type of Service: Nursing Home
**Address: 30 Westbourne Avenue,
Ballymena BT43 5LW**
Tel no: 028 25 648 165
Inspector: Debbie Wylie

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

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.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 18 persons.

3.0 Service details

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual(s): Dermot Parsons	Registered Manager and date registered: Rachel Morrey Registration pending
Person in charge at the time of inspection: Antonette Andino until 3pm Rachel Morrey from 3pm	Number of registered places: 18
Categories of care: DE – Dementia. A maximum of 18 patients in category NH-DE to be accommodated in the Braid Suite	Number of patients accommodated in the nursing home on the day of this inspection: 15

4.0 Inspection summary

An unannounced inspection took place on 28 April 2021 from 08.55 to 15.55 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) and personal protective equipment (PPE)
- environment
- leadership and governance.

The findings of this report will provide Rose Court Nursing 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 Court Nursing Home which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with, Rachel Morrey, 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.

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 eight patients and three staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. We did not receive any responses within the time frame.

The following records were examined during the inspection:

- duty rotas from 18 April 2021 to 1 May 2021
- staff training matrix
- staff supervision and appraisal matrix
- three nurse in charge competencies
- a selection of quality assurance audits
- the monthly quality monitoring reports for the period January to March 2021
- complaints and compliments records
- incident and accident records
- minutes of a selection of patient and staff meetings
- fire risk assessment
- the activity planner
- three patients' care records.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 11 August 2020.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure in relation to health and welfare that wet floors in the home are signed at all times in order to prevent a slip hazard.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that wet floors in the home were signed at all times in order to prevent a slip hazard.	
Area for improvement 2 Ref: Regulation 13 Stated: First time	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all medication was stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (c)	The registered person shall ensure that all chemicals and cleaning products are securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).	

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: Inspection confirmed all chemicals and cleaning products were securely stored within the home to comply with Control of Substances Hazardous to Health (COSHH).</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27.4 (c) (d) (iii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that access to fire exits are kept clear and are free from obstruction.</p> <p>Action taken as confirmed during the inspection: Access to all fire exits were observed to be clear and free from obstruction</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.</p> <p>Action taken as confirmed during the inspection: Records retained in the home were observed to be stored safely in accordance with DHSSP policy, procedures, guidance and best practice standards.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all employed staff receive training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).</p> <p>Action taken as confirmed during the inspection: Review of the staff training matrix confirmed that all employed staff have received training in relation to the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS).</p>	<p>Met</p>

6.2 Inspection findings

6.2.1 Staffing

An analysis of the staff duty rota confirmed that a system was in place to identify safe staffing levels. The staffing rota was reviewed from 18 April to 1 May 2021 and confirmed that the staffing numbers identified were in place. On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. We spoke with three staff members who reported no concerns with staffing levels.

A review of three nurse-in-charge competency assessments did not evidence that the assessments were up to date. This was discussed with the manager and an area for improvement was identified.

Staff confirmed they had a good understanding of their roles and responsibilities and were able to describe the individual care needs of patients. Staff had a good knowledge of what action to take if they had any concerns about patient care or working practices in the home. Training was provided to support staff in their roles. This was evident on review of the staff training matrix and on discussion with staff. Comments from staff included:

"I have attended a lot of training for my role."

"I have no staffing concerns."

"We get to know the patients really well."

As part of the inspection process we asked patients, patients' representatives and staff to provide comments on staffing levels via questionnaires. No responses were received within the time frame.

6.2.2 Care delivery

On arrival at the home patients were enjoying their breakfast. Breakfast was provided in the lounge area or patients own bedrooms. A dining table was available but was not used during meal times. This was discussed with the manager who advised meals will be served, socially distanced, at the dining table for patients who prefer this.

Visiting arrangements were discussed with the manager who explained that indoor visiting was provided in the home and window visiting was also available. A health questionnaire and temperature check was completed for all visitors to the home to minimise the risk of the spread of infection. PPE and hand sanitising gel were also in place for the use of all staff and visitors.

The home currently has four family members taking part in a care partner arrangement in line with Department of Health guidelines.

The serving of the lunch time meal was observed. Staff used PPE appropriately while assisting patients with their meals. Interaction between staff and patients was relaxed; staff provided meals on trays to those patients who preferred to eat in their rooms. Patients were shown the lunch meal options and given the opportunity to decide on the meal of their choice. Patients were complimentary about the meals provided, including modified meals. A menu board was on the wall of the dining area but no menu had been displayed. This was discussed with the manager who agreed to display the menu in a format and place visible to patients. This will be reviewed at the next inspection. Patients told us that they enjoyed their meal.

Throughout the day patients were provided with activities such as arts and crafts, music and singing, chair activities and one to one activities. On the day of inspection patients were seen enjoying a sing along as part of a birthday celebration. The activity coordinators for the home planned activities for patients either in groups or individually based on their preferences. There was no notice board visible to patients to appropriately display the planned activities on a daily basis. This was discussed with the manager who agreed to display an activities board in a suitable format and in an area clearly visible to patients. This will be reviewed at the next inspection.

6.2.3 Care records

An assessment of needs was completed on admission to the home and from this a range of care plans were developed to direct the care and interventions required by patients. There was evidence of the involvement of other professionals such as the speech and language therapist (SALT), the dietician and the GP.

A record of patients' weight was recorded monthly or more often if required. A record was kept of each patient's fluid intake to monitor for dehydration. An individual fluid target was set for each patient and recorded on a daily basis. The fluid intake target on one patient's care record and the accompanying fluid intake records did not accurately reflect the patient's assessed fluid intake target. An area for improvement was identified.

6.2.4 Infection prevention and control (IPC) and personal protective equipment (PPE)

On entering the home we were met by a member of staff who completed a health declaration and temperature check. Hand sanitising gel and PPE were both available for use at the entrance of the home. Signage was in place to provide information and advice about COVID-19 and visiting to the home.

Staff were noted to use PPE at appropriate times and wore their face masks correctly. Hand hygiene was carried out between interactions with patients and hand sanitising gel was available throughout the home.

Discussion with the house keeper confirmed cleaning schedules had been enhanced throughout the COVID-19 pandemic and continued on a daily basis. On inspection of patient bedrooms we observed two crash mats which were not thoroughly cleaned. This was discussed with the manager and an area for improvement was identified.

Staff assisted patients to maintain safe social distancing throughout the day. Seating was arranged in communal areas to ensure two metre distancing was in place. The manager confirmed that the home continued to test staff, care partners and patients as part of the national COVID-19 screening programme.

Laminated posters were displayed throughout the home as a reminder to staff about good hand hygiene and the correct method for donning and doffing of PPE. Documentation showed evidence that hand hygiene competencies and regular hand hygiene audits were completed with good compliance.

6.2.5 Environment

The home was clean, warm, fresh smelling and tastefully decorated. Corridors were uncluttered and tidy with fire exits free from obstacles. An up to date fire risk assessment had been completed.

Patients' bedrooms had been decorated with their own personal possessions and mementos. Ensuite bathrooms were clean and tidy. Storage rooms were inspected and noted to be well organised. Communal rooms such as the sitting room and dining room were also clean, tidy and clutter free.

The garden area of the home was well maintained and provided a space for patients to sit and enjoy the garden in the warmer weather. Paving was clean and the patio furniture was well maintained.

Environmental audits were completed on a regular basis and provided evidence that environmental cleanliness was a priority in the home. The documented actions required to improve the environment were also completed.

6.2.6 Leadership and governance

There had been a change of manager and responsible person since the last inspection. RQIA had been appropriately informed of these changes. The manager's hours were recorded on the daily duty rota.

We reviewed a selection of informative and well documented quality audits, completed by the home manager. The audits reviewed included; hand hygiene, environmental audits, restrictive practices, wound management, care records and falls. Review of the falls audit identified that not all notifiable unwitnessed falls had been reported to RQIA. This was discussed with the manager and was identified as an area for improvement.

The records of the monthly monitoring reports for January, February and March 2021 were available in the home and on inspection they were noted to be informative and up to date with details of any actions required and completed.

No complaints had been received in the home since the last inspection. The record of compliments was retained in the home to share with staff.

Compliments received included:

"Thank you all for the care and attention you gave to our mum."

"We will always be grateful to know ... was being looked after when we couldn't be there."

"I really appreciate all the small things you did for ... the hair, the nails and skin care. These things mean so much."

Areas of good practice

Areas of good practice were identified in regard to care delivery, activities, the internal environment and the quality of the meals.

Areas for improvement

Areas for improvement were identified including; registered nurse competency and capability assessments, supplementary care recording, care records, IPC and Regulation 30 notifications.

	Regulations	Standards
Total number of areas for improvement	3	1

6.3 Conclusion

The home was clean tidy and welcoming. Patients were relaxed and comfortable. The lunch time meal was appetising and nutritious. Staff were knowledgeable regarding patients' care needs and personal preferences.

The areas identified in the report for improvement will be addressed through the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Morrey, manager, Dermot Parsons, responsible person and Caron McKay, regional 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 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that care records are kept up to date. This is with particular reference to the recording of patient fluid intake records to fluid intake records.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: The area of Goldcrest previously not utilised has now been populated with all residents' fluid targets in accordance with their individualised care plans. This is monitored and reviewed by the Registered Manager.</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the cleanliness of crash mats.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: All crash mats are cleansed down daily by the domestic on duty. This is monitored and reviewed by the Registered Manager, or Nurse in charge, on daily walk rounds.</p>
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that, where appropriate, accident, incidents or other events are reported to RQIA. This is specific to unwitnessed falls.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: All unwitnessed falls will be reported to RQIA moving forward. The Manager has received the guidance on the notification of incidents and has a point of reference for all notifiable events. The submission of notifications will also be monitored during the monthly Regulation 29 visit, and a monthly notification tracker is also sent to head office for monitoring.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 41.7	<p>The registered person shall ensure the registered nurses competency and capability assessments are up to date and regularly reviewed.</p>

Stated: First time	Ref: 6.2.1
To be completed by: 20 May 2021	Response by registered person detailing the actions taken: All registered nurses have an up to date nurse in charge competency in place and these will be reviewed annually. There is also a tracker in place to aid in identifying when renewal date is due.

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