

# Inspection Report

**Name of Service:** Rose Court Nursing Home

**Provider:** Kathryn Homes Ltd

**Date of Inspection:** 24 June 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation:</b>	Kathryn Homes Ltd
<b>Responsible Individual:</b>	Mrs Tracey Anderson
<b>Registered Manager:</b>	Miss Andrea Harkness
<p><b>Service Profile –</b> This home is a registered nursing home which provides nursing care for up to 18 patients. The Braid unit is situated over part of the ground floor of a two storey building; the unit provides nursing care for people living with dementia. The unit has a communal lounge and dining area and access to a mature secure garden.</p> <p>There is a residential care home which occupies part of the ground floor and the first floor of the home. The residential care home is under the same management arrangements as this nursing home.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 24 June 2025, from 9.30 am to 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection the previous one care area for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service**

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Staff spoken with said that Rose Court Nursing Home was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team was approachable and they thoroughly enjoyed working in the home.

A relative commented positively about the provision of care within the home and said they had "no concerns". A further relative's comment was discussed with the manager.

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Review of the repositioning documentation identified that the records were not completed contemporaneously and there was inconsistency in the documentation regarding the patients position. An area for improvement was identified.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising. The dining experience was an opportunity for the patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. However, the wrong daily menu was displayed but this was quickly identified by the staff and changed just prior to the serving of lunch.

A number of plastic beakers were observed badly stained, this was discussed with the manager who agreed to order replacements.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The planned activity schedule is displayed. The range of activities included social, community, cultural, religious, spiritual and creative events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions; however, a recent change in how the activity staff were capturing patient involvement with activities using emoji did not provide a meaningful evaluation of the activity. This was discussed with the manager who agreed to review the documentation and this will be followed up on the next inspection.

Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff, and gave non-verbal cues to their wellbeing, such as smiling or hand gestures.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Minor deficits observed in the care records were rectified on the day.

A record was kept of what patients had to eat and drink, however these records lacked detail as to the actual food the patient consumed on a daily basis. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Some areas of the home were observed in need of repainting and some furniture required replacement. Discussion with the manager confirmed she had a refurbishment plan in place to address these identified areas.

A number of toiletries belonging to patients were observed easily accessible in en suite cabinets. The manager was asked to review the storage of toiletries, as potentially these products could be hazardous to patients if accidentally ingested. Furthermore, food and fluid thickening agent and a number of other food items were easily accessible in an unlocked cupboard in the kitchenette, although the lock was broken and staff had reported it to be fixed, these products remained in the broken cupboard easily accessible to patients. This was discussed with the manager and the lock was repaired before the end of the inspection. An area for improvement was identified in regard to the management of potential risks to patients

There was evidence that confidential patient information was displayed in a communal area of the home, this was discussed with the manager who agreed to address immediately.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Miss Andrea Harkness has been the registered manager in the home since 29 January 2025.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	3*

\*The total number of areas for improvement includes one area for improvement which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Andrea Harkness, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 June 2025	The registered person shall ensure as far as reasonably practical that all parts of the home to which patients have access to are free from hazards to their safety.  <b>Ref:</b> 3.3.4  <b>Response by registered person detailing the actions taken:</b> Daily checks being complete by home manager. The items had been stored in the supervised lounge and not unattended.
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23  <b>Stated:</b> First time  <b>To be completed by:</b> 25 June 2025	The registered person shall ensure that where a patient requires repositioning, that records are completed contemporaneously and accurately evidence the patients position.  <b>Ref:</b> 3.3.3  <b>Response by registered person detailing the actions taken:</b> New repositioning charts have been commenced and are checked by nurses and manager to ensure these are accurate.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 12.27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 June 2025</p>	<p>The registered person shall ensure that supplementary food records are accurately maintained with details of the exact amount and type of food consumed by patients.</p> <p>Ref: 3.3.3</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 June 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> New food charts have commenced to ensure more detailed records for intake are documented</p> <p>The registered person shall review the medicines stock control process to ensure a regular system of date checking is implemented and medicine stock levels are maintained to an appropriate level.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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



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