

Inspection Report

24 August 2024



Rosemount Care Centre

Type of service: Residential Care Home
Address: 2 Moy Road, Portadown, BT62 1QL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Zest Investments (Portadown) Limited	Registered Manager: Mrs Patricia Purvis
Responsible Individual: Mr Philip Scott	Date registered: 8 November 2019
Person in charge at the time of inspection: Sue Pinnington (Willow unit) Carol Winter (Cherry unit)	Number of registered places: 32 Residents to be accommodated in the Cherry Blossom/Willow Units.
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: <p>This home is a registered residential care home which provides health and social care for up to 32 residents living with dementia. The home is divided in two units over one floor.</p> <p>There is a nursing home which occupies the first floor and the registered manager for this home manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2024, from 9.50 am to 3.50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 home was bright and welcoming. Residents were seated comfortably in communal areas throughout the home or their bedroom's dependent on their preferred choice; listening to music and interacting with staff.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were observed offering care in a relaxed and compassionate manner. Staff said they enjoyed working in the home, that there was adequate staff on duty to meet the needs of the residents and that there was good teamwork in the home.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager following the inspection.

4.0 What people told us about the service

Residents spoken with who were able to make their wishes known, provided positive feedback about their experiences residing in the home. Some of the comments shared by residents included; "I'm very happy here, the staff are all very good to me" and "I have no complaints, I'm very happy." Those residents unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

Staff spoken with generally provided positive feedback about their experiences working in the home. One staff member said, “overall I’m content and enjoy my work in the home.” Staff commented positively about the manager and reported they could approach her if they required support or assistance.

A relative spoken with on the day of inspection said they were happy with the care their family member was receiving in the home and said there appeared to be enough staff on duty to meet the needs of the residents.

No questionnaires were received from residents or relatives within the identified timeframes following the inspection and no staff completed the online survey following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 November 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all medicine related incidents are investigated to identify learning and reported to the appropriate authorities including RQIA.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that care records have an assessment and care plan for residents’ spiritual care needs, including contact details	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be stated for a second time.	

Area for Improvement 2 Ref: Standard 13.9 Stated: First time	The registered person shall review how the record of activities is recorded so that it gives good account of residents' social needs being met.	Carried forward to the next inspection
	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.	
Area for improvement 3 Ref: Standard 16.1 Stated: First time	The registered person shall revise and update the policy on complaints in accordance with current legislation, such as the role of the aligned Health & Social Care Trust.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. There was evidence of a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this system evidenced those staff required to have this in place were registered with NISCC.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the manager.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents who were able to make their wishes known said there appeared to be enough staff available to meet their needs. Relatives visiting the home commented positively about staff working in the home, comments included: "mum is very well looked after, there are lots of staff around."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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

The dining experience was an opportunity for residents to socialise. In the Cherry unit music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. In the Willow unit, one of the staff was attending another task during the lunchtime meal. A discussion took place with the manager and assurances were provided this had been addressed. RQIA were assured with the actions taken and this will be reviewed at a future inspection.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

The menu was on display however, this was not reflective of the meals on offer that day in both units. A discussion took place with the manager and an area for improvement was identified. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Pre-admission assessments maintained in residents care files did not clearly evidence the date these were completed. Assurances were provided by the manager that these had been completed prior to the resident's admission to the home and that these dates would be recorded and signed when completed. This will be reviewed at a future inspection.

A sample of care plans were reviewed, these were not always personalised to reflect individual's needs, for example; communication care plans did not clearly identify risks and the actions required to direct the care for residents with communication needs. A discussion took place with the manager and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents care records were held confidentially in a designated area. This area was observed as unlocked, this was addressed immediately by the staff. A discussion took place with the manager and assurances were provided this has been addressed with all staff and will be monitored. This will be reviewed at a future inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The entrance of the home was bright and welcoming, spacious and free from obstruction. There was evidence throughout the home of 'homely' touches such as newspapers, magazines, snacks and drinks available.

Residents rooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence of foam washes and prescribed creams stored in communal areas. This was addressed by staff immediately. A discussion took place with the manager and an area for improvement was identified.

A fire risk assessment was completed in the home on the 3 November 2023 by an accredited fire risk assessor. The overall fire risk was assessed as tolerable. There was evidence of actions having been taken within the timeframes agreed. The manager confirmed, plans were in place to ensure the actions were completed as outlined within the action plan. This was confirmed as completed following the inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. A discussion took place with the manager to ensure monitoring of hand hygiene was completed consistently. Records were kept of those completed.

5.2.4 Quality of Life for Residents

Discussion with residents who were able to make their wishes known, generally confirmed that they were able to choose how they spent their day. Residents said they were supported to make choices regarding their care, for example; mealtime preferences and clothing options. Those residents who were unable to make their wishes known appeared to be relaxed and comfortable in their surroundings.

There was evidence of an activity schedule on display, however; this did not clearly demonstrate planned, regular, meaningful activities. A discussion took place with the manager and assurances were provided that there has been ongoing review of the activities and management of these in the home. The manager confirmed that a staff member has been designated to facilitate activities and there is recruitment ongoing for a permanent activity therapist. This will be reviewed at a future inspection.

Some of the activities outlined on the schedule included: arts and crafts and garden music. There was also evidence of signage in place advertising 'the end of summer party', residents provided positive feedback about the party and reported this to be an enjoyable event.

Residents were well presented, clean, neat and tidy; dressed appropriately for the time of year.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Patricia Purvis has been the registered manager in this home since 8 November 2019.

There was evidence a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive and available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A discussion took place with the manager to ensure staff views are clearly recorded as part of these visits. The reports of these visits evidenced; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports are required to be available for review by residents, their representatives, the Trust and RQIA; they were not available for review on the day of inspection. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2*	5*

*The total number of areas for improvement includes one regulation and one standard which are carried forward for review at the next inspection and one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Purvis, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection (23 November 2023)	The registered person shall ensure that all medicine related incidents are investigated to identify learning and reported to the appropriate authorities including RQIA. Ref: 5.0 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 29 (5) (a) (b) (c) (d) Stated: First time	The registered person shall ensure that the reports of the monthly monitoring visits are available in the home at all times and are readily available to residents, their representatives and RQIA. Ref: 5.2.5

<p>To be completed by: 24 August 2024</p>	<p>Response by registered person detailing the actions taken: Recent reports are now available for residents, their representatives and RQIA.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1 Ref: Standard 5.2 Stated: Second time To be completed by: 21 September 2024</p>	<p>The registered person shall ensure that care records have an assessment and care plan for residents' spiritual care needs, including contact details. Ref: 5.0</p> <p>Response by registered person detailing the actions taken: Staff have been informed of the importance of completing assessments and care plans for residents spiritual needs. This area will be focused on in future care file audits.</p>
<p>Area for improvement 2 Ref: Standard 13.9 Stated: First time To be completed by: 15 September 2023</p>	<p>The registered person shall review how the record of activities is recorded so that it gives good account of residents' social needs being met. Ref: 5.0</p> <p>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.</p>
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 24 August 2024</p>	<p>The registered person shall ensure the daily menu on display is reflective of the meal options available to residents for that day. Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff informed of the importance of changing the menu board daily and table menus are also now available.</p>
<p>Area for improvement 4 Ref: Standard 6.2 Stated: First time</p>	<p>The registered person shall ensure care plans are personalised and reflect individuals assessed needs to direct the care required. Ref: 5.2.2</p>

<p>To be completed by: 21 September 2024</p>	<p>Response by registered person detailing the actions taken: Care plans identified on the day of inspection have been reviewed and named staff responsible directed to personalise and reflect residents needs as appropriate. This will remain under review through our care file auditing process.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2024</p>	<p>The registered person shall ensure that unnecessary risk to residents is managed appropriately. This is with specific reference to the storage of:</p> <ul style="list-style-type: none"> • Toiletries • Prescribed creams <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been informed of the importance of correct storage of toiletries and prescribed creams in a safe manner in keeping with COSHH policy and procedure.</p>

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