



# Unannounced Care Inspection Report 3 September 2019



## Rose Court Residential Home

**Type of Service: Residential Care Home**

**Address: 30 Westbourne Avenue, Ballymena, BT43 5LW**

**Tel No: 028 2564 8165**

**Inspectors: John McAuley  
Debbie Wylie  
Judith Taylor**

[www.rqia.org.uk](http://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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 82 residents within the categories of care detailed in its certificate of registration and 3.0 of this report. The home shares the same building with a registered nursing home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager and date registered:</b> Ashley Currie 20/08/2019
<b>Person in charge at the time of inspection:</b> Ashley Currie	<b>Number of registered places:</b> 82
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 52 plus two residents in hospital

### 4.0 Inspection summary

This unannounced inspection took place on 3 September 2019 from 10.00 to 15.10.

This inspection was undertaken by care and pharmacy inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, support and staffs' knowledge and understanding of residents' needs and prescribed care interventions. Good practices were also found in relation to the governance arrangements, good working relationships and the upkeep of the environment. In relation to medicines management, there was evidence that residents were being administered their medicines as prescribed. There were examples of good practice regarding the auditing arrangements for medicines, the completion of personal medication records, the administration of medicines, staff training and safe storage.

In relation to medicines management, we identified areas for improvement regarding the disposal arrangements for medicines, the transcribing of medicines information and the receipt of medicines.

Three areas requiring improvement were identified in respect of the care inspection. These were in relation to inappropriate storage in an electrical store room, overgrowth of shrubbery near residents' bedrooms and the need to increase adequate time and date aids.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Ashley Currie, Registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 9 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the last care and medicines management inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records

- a sample of a staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- fire safety risk assessment
- RQIA registration certificate
- medicines training and competency records
- personal medication records
- medicines received records
- medicine administration records
- disposal of medicines records
- controlled drug record books
- medicine storage temperatures
- medicine audits
- medicine management care plans
- policies and procedures for medicines management

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.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 9 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 18(2)(j) <b>Stated:</b> First time	The registered person shall action the malodour by deep cleaning until appropriate replacement flooring is available in the identified bedroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A replacement floor has been put in place within this bedroom, with good effect.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30(1)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall notify RQIA and the aligned named worker without delay of episodes of distressed behaviour when these were above the norm and involved risk.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Due reporting has been put in place.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall devise a matrix detailing the dates of all Trust named worker care reviews.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A matrix detailing the dates of all Trust named worker care reviews has been put in place.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall formally seek a review with the aligned named worker for the identified resident. This review needs to ensure the home can meet the identified assessed needs pertaining to distressed behaviours and risk.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This care review was actioned.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the use of plastic cutlery used in the part of the home accommodating people living with dementia to ensure that residents' dignity is maintained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This review was put in place with replacement cutlery ordered.</p>	<p><b>Partially met</b></p>

There were no areas for improvement identified at the last medicines management inspection on 14 May 2018.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

Throughout this inspection residents advised and indicated that they felt safe in the home and that staff were responsive to their needs and were kind and supportive. Staff also advised that there was adequate staffing in place to take account of resident dependencies and the size and layout of the home.

#### **Staffing**

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

The registered manager advised that staffing levels were in keeping with resident dependencies and the size and layout of the home. The staffing levels over the 24 hour period were discussed. Discussions with residents and staff confirmed that they felt there was adequate staffing in place to meet residents' needs.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the registered manager. A sample of one of these assessments was inspected and found to be appropriately in place.

#### **Staff recruitment**

An inspection of a sample of a recently recruited staff member's file confirmed that staff were recruited in accordance with regulations and standards.

#### **Staff induction, supervision and appraisal**

Discussions with staff and an inspection of a sample of an induction record confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

#### **Staff training**

Inspection of staff training records found that mandatory requirements and other training needs were being met. A matrix of staff training is in place which identifies when staff have last received their mandatory training and when up-date training is required.

## **Safeguarding**

Discussions with staff confirmed that they had knowledge and understanding of safeguarding principals. Staff were aware of their obligations to report any concerns and advised that they found management to be approachable. They also advised that they would have no hesitation to report any concerns and that they would have confidence in management in dealing with such appropriately. Staff were knowledgeable of the Health and Social Care Trust's role in safeguarding and contact details were displayed.

## **Environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained. The corridors throughout the home had been completely redecorated with good effect.

Residents' bedrooms were comfortable and personalised.

Communal areas were nicely facilitated and provided a relaxing space for residents to enjoy.

An area of improvement in accordance with standards was identified with an overgrowth of shrubs reaching the open windows of a number of residents' bedrooms. This needs to be made good.

There was good provision of infection prevention and control aids and equipment throughout the environment. Added to this there was accessible information available to residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

The ground floor enclosed courtyard garden of the home was accessible and nicely facilitated.

## **Fire safety**

An inspection of the home's most recent fire safety risk assessment, dated 9 October 2018, was undertaken. There were three recommendations made as a result of this assessment, which had corresponding evidence of actions taken.

An overgrowth of a shrub was partially obstructing a fire exit door. When this was immediately reported to the registered manager the maintenance man resolved this promptly and properly. This is a reassuring action.

An area of improvement in accordance with regulation was identified with inappropriate storage in an electrical store room. Inappropriate storage included storage of excess mobility aids and appliances, which needs to be made good.

An inspection of fire safety records confirmed that all staff were in receipt of up-to-date fire safety training and drills. Fire safety checks on the environment were also carried out by staff on a regular and up-to-date basis.

## **Medicines Management**

There was evidence that residents were being administered their medicines as prescribed by their doctor.

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, the governance arrangements regarding audit and medicine incident management, the safe storage of medicines, the administration of medicines, the completion of most medicine records, the management of medicines changes, management of residents' distressed reactions, high risk medicines and antibiotics.

In relation to record keeping, whilst we acknowledged that the majority of medicine records were well maintained, we identified that for this current medicine cycle, the receipt of some medicines had not been fully recorded. A record of all incoming medicine should be maintained. An area for improvement was identified. On occasion, we noted that obsolete personal medication records had not been discontinued and archived. It was agreed that this would be addressed with immediate effect.

Examination of medication administration records indicated that when staff had transcribed the medicines information, this was not always signed by two members of staff to ensure accuracy. This is the expected practice to ensure the safe management of medicines. The registered manager advised this had already been raised with staff. An area for improvement was identified.

We reviewed the arrangements for the disposal of medicines. Discontinued or expired medicines were managed as clinical waste; this is the process for nursing homes. As this is a residential care home, all medicines requiring disposal should be returned to the community pharmacy, including controlled drugs and the relevant records maintained. This is also stated in the organisation's policy and procedures for this home. An area for improvement was identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, support and the environment. In relation to medicines, there was evidence of good practice regarding the governance arrangements for medicines, the completion of personal medication records, medicine administration and safe storage. Staff were knowledgeable regarding the residents medicines.

### Areas for improvement

There were five areas for improvement identified in relation to overgrowth of shrubs, inappropriate storage in an electrical store room, the completion of records for incoming medicines, transcribing and the management of medicines which require disposal.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussions with the registered manager and staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication and teamwork between staff members for the benefit of residents.

## Care records

An inspection of a sample of three residents' care records was undertaken. The care records were methodical and detailed in the information recorded. These records were maintained in line with the regulations and standards. Records included an up to date assessment of needs, life history, risk assessments and care plans.

Care needs assessment and risk assessments, such as, safe moving and handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

## Effectiveness of care

Throughout this inspection there were examples of good delivery and effectiveness of care observed. Care practices such as safe moving and handling and infection prevention and control were found to be maintained in line with good practice.

An area of improvement in accordance with standards was identified with provision of adequate and appropriate time and date orientation cues. There were a number of clocks in residents' bedrooms that were not working properly and there was no adequate date memoir information.

Staff took time to interact with residents and consent was requested when seeking to undertake tasks with personal care or with assistance with mobility.

Residents were dressed well in matching clean attire. Glasses and walking aids were clean and appeared in good working order.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffs' knowledge and understanding of residents' needs, prescribed care interventions and how this impacted on the culture and ethos of the home.

## Areas for improvement

One area of improvement identified during the inspection in relation to putting in place adequate and appropriate time and date orientation cues.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff interactions with residents were found to be friendly, polite and supportive. A nice ambience was in place with residents being comfortable and at ease in their environment and interactions with staff.

### Residents' Views

Discussions were undertaken with all the residents in the home at the time of this inspection. In accordance with their capabilities, residents confirmed that they were happy with the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments included statements such as;

- "I am very happy here"
- "They are all good to me"
- "It can't be any better"
- "It's a lovely place"
- "I have no complaints".

### Dining experience

The dining rooms were suitably facilitated with tables nicely set with choice of condiments. The choice of lunchtime meal was appetising, wholesome and nutritional. Staff attended to residents' needs in a caring unhurried manner. A nice ambience was in place for residents to enjoy their meal. Feedback from residents throughout this inspection on the provision of meals was all positive.

### Visiting relatives' views

Discussions with four visiting relatives at the time of this inspection confirmed that they were very happy with the provision of care in the home and the kindness and support received from staff. One of the comments included the statement;

- "Everything is very good. No problems".

### Areas of good practice

There were examples of good practice in respect of this domain found throughout this inspection in relation to feedback from residents and general observations of care practices.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager was available throughout this inspection to facilitated information and discussion.

### Management arrangements

Oversight of the home is maintained through staff supervision, annual appraisal, audits, governance a working knowledge by the registered manager.

### Monthly monitoring visits

The monitoring reports of 11 June 2019, 24 July 2019 and 31 August 2019 were inspected. These reports were recorded in good detail with associated action plan put in place for any issues identified. The reports gave good assurances in terms of governance.

### Audits

A comprehensive range of audits were in place. These included audits of training, the environment, infection prevention and control, dining experience and resident feedback.

### Complaints

An inspection of the record of complaints together with discussions with the registered manager confirmed that expressions of complaint or dissatisfaction are taken seriously and managed appropriately. The records contained details of the complaints, action taken, resolution and confirmation on whether the complainant was satisfied with the outcome.

### Accidents and Incidents

An inspection of accidents and incidents reports from 9 May 2019 confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The format of recording accidents and incidents was considered good. A monthly audit of accidents and incidents was undertaken. This was discussed with the manager who demonstrated good governance in respect of this.

### Staff views

Staff advised that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Staff confirmed that there were good morale and working relationships within the home. Staff also advised that they felt a good standard of care was provided for and discussions revealed that they were positive and enthusiastic about their roles and duties. Some of the comments included statements such as;

- “Ashley (the registered manager) is great, very supportive and always available including evenings and weekends.....it is reassuring to know management is on yours side”

- “I would have no difficulty in approaching the manager if the workload was getting too great and I know she would help”.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and feedback from staff.

### Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ashley Currie, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> 4 September 2019	The registered person shall ensure there is no inappropriate storage in an electrical store room at all times.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> All inappropriate storage has since been removed from the store and a sign has been placed on the door to make staff aware that they are not to store further inappropriate items in this room going forward.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> First time  <b>To be completed by:</b> 4 October 2019	The registered person shall examine and deal with overgrowth of shrubs adjacent to residents' bedrooms.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> The maintenance man has been requested to liaise with local external contractors to manage the overgrowth and shrubs adjacent to the residents' bedrooms; the maintenance man will continue to maintain the grounds once the initial removal of shrubs and overgrowth has taken place.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10.1  <b>Stated:</b> First time  <b>To be completed by:</b> 10 September 2019	The registered person shall put in place adequate and appropriate time and date orientation cues and aids.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Visual time and date cues and aids have been purchased for the dementia unit and are to be erected by the maintenance man in coming days.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 3 October 2019	The registered person shall ensure that a record of all incoming medicines is maintained.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> A medication action plan has been implemented in each unit and all Care Team Leaders have been advised that they must ensure that they keep a record of all incoming medicines within each of the three units.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 October 2019</p>	<p>The registered person shall ensure that two staff are involved in the transcribing of handwritten entries on medication administration records.</p> <p>Ref: 6.3</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 October 2019</p>	<p>The registered person should review the arrangements for the disposal of medicines in residential care homes and as per their policy and procedures.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> A medication action plan has been implemented in each unit and all Care Team Leaders have been asked to ensure that all handwritten entries on the kardex and MARS must have two signatures.</p> <p><b>Response by registered person detailing the actions taken:</b> A review has taken place for the arrangements of disposal of medications in the residential care home and the manager has liaised with the local pharmacy to put in place 7ltr disposal buckets which will be collected when the new medication cycle arrives each month.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care