

Unannounced Care Inspection Report

26 June 2018



Rose Court Residential Home

Type of Service: Residential Care Home
Address: 30 Westbourne Avenue, Ballymena, BT43 5LW
Tel No: 028 2564 8165
Inspector: John McAuley

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with fifty one beds that is registered to provide care for residents within the categories of care stated in section 3.0 of this report. The home is in a shared complex with a registered nursing home.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Dr Pauline Hunter
Person in charge at the time of inspection: Demi Moore, Care Team Manager then joined by the registered manager	Date manager registered: 18 April 2018
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia	Number of registered places comprised: 29 – RC-DE on the ground floor 22 – RC-I on first floor

4.0 Inspection summary

An unannounced care inspection took place on 26 June 2018 from 19.30 to 22.15 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

RQIA received information from an anonymous source, raising concerns in relation to the staffing levels in the home. This was particularly in relation to the first floor accommodation and the subsequent impact on the delivery of care.

This inspection was undertaken to provide assurance in relation to staffing levels in respect of meeting the safety and wellbeing of residents in Rose Court Residential Home.

The following areas were examined during the inspection:

- Staffing levels
- General observations of care practices
- Tour of the environment
- Feedback from residents and staff on safety and wellbeing

Staff said that the quality of care provided in the home was good, but the staffing levels were under pressure due to on-going staff recruitment, training of staff to meet the roles and duties of the job, staff absences and resident dependencies.

Feedback from ten residents at the time of this inspection was positive in regard to the kindness and support received from staff. However negative comments were made in respect of the perceived high workload of staff and the quality of meals.

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

It was good to record that the registered manager and deputy manager made themselves available in person at the time of this inspection to address the immediate concerns identified.

Areas requiring improvement were identified in respect of reviewing of staffing levels, reviewing resident dependencies and categories of care and addressing issues of complaint regarding the quality of meals provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Hunter, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with ten residents, eight staff of various grades and the registered manager. The staff duty rota was also examined.

The three areas for improvements identified at the pre-registration care inspection were reviewed and assessment of compliance recorded as met. The two other areas of improvement identified were carried forward for review at the next care inspection.

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 most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced follow up care inspection.

The QIP of the pre-registration inspection on 20 February 2018 was not inspected on that occasion.

6.2 Review of areas for improvement from the last care inspection dated 20 February 2018

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
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall put in place a competency and capability assessment for any senior care assistant who will be given the responsibility of being in charge of the residential home for any period in the absence of the manager.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: A competency and capability assessment was reported to be in place for any staff member with this responsibility. Action required to ensure compliance with this regulation was not fully reviewed as part of this inspection and this will be carried forward to the next care inspection	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.4 Stated: First time	The registered person shall review the allocation of hours for laundry provision to account for the size of the home and the aligned duties of this role.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall confirm that the programme of deep cleaning has been put in place for the transfer for residents and patients in this proposal.	Met
	Action taken as confirmed during the inspection: A programme of deep cleaning was put in place.	
Area for improvement 3 Ref: Standard 27.12 Stated: First time	The registered person shall review the provision of communal living space in the first floor residential accommodation and ensure the use of the identified room is in compliance with its registered purpose and designation.	Met
	Action taken as confirmed during the inspection: This identified room has been reinstated for use as a communal living room.	
Area for improvement 4 Ref: Standard 20.6 Stated: First time	The registered person shall revise and update the home's Statement of Purpose and Resident's Guide with details of the staffing arrangements and submits these documents to RQIA.	Met
	Action taken as confirmed during the inspection: The revised Statement of Purpose and Resident's Guide has been submitted with these details.	

6.3 Inspection findings

Staffing Levels

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

In the RC-I unit of the home it was evident that the two night duty staff (one care team manager and one care assistant) were not sufficient to meet the safety and care needs of residents. For example, there was one resident requiring almost one to one care due to sensory and cognitive needs and who was a high risk of falls. Another resident needed assistance of a hoist with two members of staff. Six other residents were reported by staff to have primary cognitive needs.

Due to this situation the inspector made an urgent request for an additional member of staff to be brought into the unit for night shift. This was acted on by the employment of an agency nurse. An area of improvement was identified in accordance with legislation to increase these staffing levels with immediate effect to meet these increased needs and dependencies.

On the RC-DE unit there was an agency nurse who was undertaking senior care assistant duties. This agency nurse was completely new to the unit and was undertaking administrations of medication with a care assistant to identify residents. The total staff on duty consisted of one senior care assistant and two care assistants. This situation would necessitate the employment of an additional care assistant to relieve the increased workload associated with a care assistant having to assist the senior care assistant. An area of improvement was identified in relation to the regulations for a comprehensive review of staffing levels to be undertaken.

The registered manager arrived in the home at approximately 21.00 along with the deputy manager.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Concerns were raised by staff regarding the oversight and governance arrangements within the home with regards to staffing levels, dependency levels of residents and categories of care for residential. An area of improvement in accordance with the regulations was identified for a comprehensive review of resident dependencies and categories of care to be undertaken, in consultation with the aligned Health and Social Care Trust.

During discussion and feedback with the registered manager it was agreed that the home would voluntarily cease admissions until suitably qualified, competent and experienced staff are in place to meet the assessed needs of the residents while having regard to the size and layout of the home.

The registered manager agreed to keep the staffing levels in the home under ongoing review and agreed to increase the staffing levels on night duty in the RC-I unit by one care assistant. The registered manager also agreed to review the resident dependencies on both units and to liaise with the HSC Trust in respect of this.

The registered manager was informed that following the inspection, the issues identified would be escalated within RQIA.

Staff views

Discussion with staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Staff confirmed that their mandatory training needs were maintained on an up-to-date basis.

Staff spoke about how the staffing levels in the home did not, in their view, reflect the assessed need of residents and together with the layout of the home resulted in stress due to excessive workload. They stated that there was good teamwork amongst the staff and they strived to provide a good standard of care but this was difficult, at times, due to workload.

Staff stated that despite these pressures they felt a good standard of care was provided but the off set to this was there was a high turnover of staff. Staff also advised that there were good relationships with residents' representatives/families and they were supportive to their situation.

Residents' Views

The inspector met with ten residents at the time of this inspection. All were keen to express their praise for staff kindness and support. Four residents talked about how busy the staff were and made comment such as:

- “The staff never get a minute. Just listen to those buzzers.”

Two residents described the quality of meals as poor. This issue was reported to the registered manager who confirmed that an action plan has been put in place to address the provision of meals and menu choices. This has been identified as an area of improvement in accordance with the regulations to address.

Care practices

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

A handover verbal report is in place between changes in staff with time scheduled for same. This handover report was observed by the inspector in the RC-I unit and was found to be comprehensive and detailed in nature.

However observation of care practice identified the increased workload and duties experienced by staff to meet the dependency of residents accommodated; while taking into account the size and layout of the home. For example, call assistance alarms were frequently in use and at times clearly in two different parts of the unit. Staff did answer these appropriately, but there was little time afforded to spend socialising with residents or to deal with an emergency.

It was established that two residents smoked. Discussions with staff confirmed their awareness of the prescribed care plan and identified the risk assessment and the subsequent prescribed care interventions.

The environment

A general inspection of the home was undertaken. The home was generally clean and tidy with a good standard of décor and furnishings being maintained. Of the sample of residents' bedrooms viewed, these were found to be individualised with photographs, memorabilia and personal items.

Inspection of the internal environment identified that the home was kept safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to infection prevention and control (IPC) (procedures).

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

Areas of good practice

There were examples of good practice found in relation to feedback from residents on the kindness and support received from staff; feedback from staff on the issue of teamwork and the response and availability of deputy manager and registered manager.

Areas for improvement

Four areas for improvement were identified during the inspection. These were in relation to staffing levels, resident dependencies, categories of care and quality of meals.

	Regulations	Standards
Total number of areas for improvement	3	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 Pauline Hunter, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall review and increase the staffing levels with immediate effect to ensure the assessed needs and dependencies of residents accommodated in the home are met on an ongoing basis.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The staffing levels have been reviewed and increased. Dependency levels have been assessed using (CAPE) assessment tool and 2 residents transferred one to EMI and one to Nursing. Monthly monitoring ongoing</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2018</p>	<p>The registered person shall ensure that a comprehensive review of resident dependencies and categories of care is undertaken, in consultation with the aligned Health and Social Care Trust.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: A comprehensive review of resident dependencies was carried out using the Clifton Assessment Procedures for the Elderly (CAPE) an assessment tool designed to assess quality of life and physical and cognitive dependency levels in the elderly, which gives an indication of current met and unmet needs. The outcome of CAPE translates to staffing</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (5) (b)</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2018</p>	<p>The registered person shall put in place an action plan place to address the provision of meals and menu choices.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: An action plan has been established - the cook will change menu and offer more variety of meals. This is being monitored and evaluated. A further review on 9.8.18 indicates further actions required. A variety of fresh fruit daily, a range of nutritional options are being monitored daily.</p>

Carried forwards regulations and standards

<p>Area for improvement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2018</p>	<p>The registered person shall put in place a competency and capability assessment for any senior care assistant who will be given the responsibility of being in charge of the residential home for any period in the absence of the manager.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2018</p>	<p>The registered person shall review the allocation of hours for laundry provision to account for the size of the home and the aligned duties of this role.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

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



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