

Unannounced Care Inspection Report 11 August 2020



Rose Court Residential Home

Type of Service: Residential Care Home

Address: 30 Westbourne Avenue, Ballymena, BT43 5LW

Tel No: 028 2564 8165

Inspector: Mandy Ellis

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 residential care home registered to provide residential care for up to 82 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager and date registered: Ashley Currie 20 August 2019
Person in charge at the time of inspection: Niamh Quinn - Care Team Leader (09.30 – 11.30) Ashley Currie - Manager (11.30 – 16.15).	Number of registered places: 82
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 48

4.0 Inspection summary

An unannounced inspection took place on 11 August 2020 from 09.30 to 16.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC) practices
- environment
- care delivery
- governance and management arrangements

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2*	5*

*The total number of areas for improvement includes one area under the regulations which has not been met and is stated for the second time, and three areas under the standards which have been carried forward to a future inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ashley Currie, manager, as part of the inspection process. The timescales for completion commence from the date of 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 seven residents and four staff. Questionnaires and 'Tell us' cards were provided to give residents the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received.

The following records were examined during the inspection:

- the duty rota from 3 to 16 August 2020
- one staff recruitment record
- the home's registration certificate and statement of purpose
- four residents' care records
- four residents' supplementary care charts
- a sample of governance audits/ records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care and pharmacy inspection were reviewed and assessment of compliance was recorded as met, not met or carried forward to a future 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 previous inspection(s)

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 3 September 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
Area for improvement 1 Ref: Regulation 27(4)(b) Stated: First time	The registered person shall ensure there is no inappropriate storage in an electrical store room at all times.	Not met
	Action taken as confirmed during the inspection: We reviewed two electrical stores on inspection; both stores were found to have various inappropriate items stored. This area for improvement is therefore stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		
Area for improvement 1 Ref: Standard 27.5 Stated: First time	The registered person shall examine and deal with overgrowth of shrubs adjacent to residents' bedrooms.	Met
	Action taken as confirmed during the inspection: A review of the environment outside the home evidenced no overgrowth of scrubs occluding residents' view from their windows.	
Area for improvement 2 Ref: Standard 10.1 Stated: First time	The registered person shall put in place adequate and appropriate time and date orientation cues and aids.	Met
	Action taken as confirmed during the inspection: Orientation cues were observed throughout the home.	

Area for improvement 3 Ref: Standard 31 Stated: First time	The registered person shall ensure that a record of all incoming medicines is maintained.	Carried forward to the next 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 inspection.	
Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that two staff are involved in the transcribing of handwritten entries on medication administration records.	Carried forward to the next 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 inspection.	
Area for improvement 5 Ref: Standard 30 Stated: First time	The registered person should review the arrangements for the disposal of medicines in residential care homes and as per their policy and procedures.	Carried forward to the next 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 inspection.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home and staff were observed attending to residents' needs in a prompt and timely manner. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

We reviewed the duty rotas for the period from 3 August to 16 August 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff commented positively about working in the home and acknowledged that the last few months had been challenging for staff while they worked through the COVID-19 outbreak.

Comments made by staff included:

- "We all work well together."
- "Things are good."

6.2.2 Personal Protective Equipment

Staff were observed to use PPE appropriately and were observed to carry out hand hygiene correctly. PPE stations were well stocked throughout the home and the home had an adequate supply of PPE. The manager completed a monthly audit to ensure staff competency and compliance with the wearing of PPE.

6.2.3 Infection Prevention and Control and the Environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The residents' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual residents.

We did observe a number of items that were stored inappropriately in regard to IPC measures and practices, for instance, toiletries, wipes and toilet rolls were inappropriately stored on the top of the toilet cisterns within several residents' bathrooms; some staff were observed wearing jewellery such as rings and watches; the pull cords in communal bathrooms/shower rooms and residents' bathrooms did not have a wipe able cord or plastic covering. These deficits were discussed with the manager and an area for improvement was made.

A review of two electrical stores in the Maine and Galgorm units found items inappropriately stored; for example, chairs a lamp and numerous portable heaters. This was discussed with the manager and an area for improvement has been stated for a second time.

It was identified that topical creams and lotions in residents' bedrooms were not marked with the date of opening. This was discussed with the manager and the importance of dating these items stressed as they have a limited shelf life once opened; an area for improvement was made.

6.2.4 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs. Residents were well presented, and supported by staff in maintaining their personal care in a timely and discreet manner. There was a relaxed atmosphere within the home and residents spoken with indicated that they were well looked after by the staff.

Comments from residents included:

- "The girls are very kind."
- "The staff are first class."
- "I can't complain."
- "I like it here."
- "It's like they can read your mind, as you always get what you need."

Thank you cards were displayed on a notice board in the Maine Unit messages of thanks included:

- “Thank you for everything you are doing for mum and everyone at this time.”
- “Thank you to everyone, for the way you cared for my dad, your dedication, kindness and hard work did not go unnoticed.”

We observed the serving of the in the lunch time meal in the Maine Unit and saw that staff attended to the residents’ needs in a prompt, caring and timely manner and that staff wore the appropriate PPE. The tables were set and the food served looked and smelt appetising. The written menu displayed in the dining room did not reflect the food on offer. Good practice in relation to the provision of picture menus alongside the written menu, for residents’ living with dementia, was discussed with the manager. It was agreed that this would be considered as an alternative option to a written menu to aid recognition and understanding with the residents. An area for improvement was made

Lunch was served to residents who chose to stay in their bedrooms; staff were observed to leave the dining room with food uncovered and not on a tray. This was discussed with the manager and an area for improvement was made.

The residents commented positively on the quality of the food and seemed to enjoy their meal. Comments from residents included:

- “The food is good.”
- “The food is great.”
- “I really like the toast here.”

Review of four residents’ care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of residents. Risk assessments reviewed were up to date and appropriate to the residents’ needs. Daily care records which included food and fluid intake charts, for four residents’ were also completed accurately.

6.2.5 Governance and management arrangements

A number of governance audits were completed to assure the quality of care and services. Areas audited included health and safety including the environment, hand hygiene, infection control, falls, and care records. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were addressed, as required.

The homes cleaning schedules were also reviewed and evidenced the housekeeper employed a robust system for keeping the home clean and tidy. The housekeeper carried out the cleaning audits and these were overseen by the manager on a regular basis.

A review of records evidenced that that monthly monitoring reports were completed in accordance with Regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005. The home had also benefited from two support visits from the regional operations director in June and July 2020.

A review of records evidenced that systems were in place to ensure notifiable events were reported to RQIA or other relevant bodies appropriately.

One staff recruitment file was reviewed and this evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of care staff with NISCC on a regular basis. The records reviewed were up to date and all staff employed on the current NISCC register.

Areas of good practice

Areas of good practice were identified in relation to: team work; use and availability of PPE; care records and governance arrangements

Areas for improvement

Three new areas for improvement were identified in relation to infection prevention and control practices, the dating of creams and lotions once opened and the dining experience.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

On the day of the inspection we observed that residents looked well cared for and were content and settled. Staff were observed to be helpful, attentive and caring towards the residents in their care. PPE was appropriately worn by staff. COVID-19 recommendations for the monitoring of staff and residents' daily health status were adhered to by staff. Managerial oversight was robust and effective.

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, 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 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 27(4)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 4 September 2019</p>	<p>The registered person shall ensure there is no inappropriate storage in an electrical store room at all times.</p> <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: No inappropriate items are currently being stored in the electrical stores; this is being monitored during daily walkarounds by the Home Manager and CTL's have been advised to keep the stores locked at all times; the Regional Manager is looking to implement a plan to partition the stores off to allow for storage away from the electrical components.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • cleansing wipes and toilet rolls are not stored on toilet cisterns • pull cords in communal bathrooms and residents bathrooms should be wipe able or have a plastic covering • staff wearing jewellery. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Daily walkarounds are carried out by the Home Manager & Head Housekeeper to ensure that items are not inappropriately stored on toilet cisterns; this can be difficult within the dementia residential unit as residents move items back although monitoring of same is carried out throughout the day as reasonably practicable. Maintenance personnel has begun placing the plastic coverings on the pull cords within the communal bathrooms and residents bathrooms. Competencies are being carried out with staff in relation to infection control and hand hygiene; staff are reminded of the importance of being 'bare below the elbow' this is also monitored as part of the daily walkaround and monitoring is carried out by unit leads who are also infection control leads.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 3 October 2019	The registered person shall ensure that a record of all incoming medicines is maintained. Ref; 6.1
	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 inspection.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 3 October 2019	The registered person shall ensure that two staff are involved in the transcribing of handwritten entries on medication administration records. Ref; 6.1
	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 inspection.
Area for improvement 3 Ref: Standard 30 Stated: First time To be completed by: 3 October 2019	The registered person should review the arrangements for the disposal of medicines in residential care homes and as per their policy and procedures. Ref; 6.1
	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 inspection.
Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded. Ref: 6.2.3
	Response by registered person detailing the actions taken: Unit leads & CTLs have been asked to carry out an audit in this area to ensure all lotions and creams are within date and have date of opening noted on the label along with their signature; this is to be conducted regularly to ensure that items do not exceed their expiration date. The Home Manager will have oversight when carrying out daily walkarounds and monthly medication audits.

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • the daily menu displayed is reflective of the meal choices available • food served to residents in their bedrooms should be transported using a tray and with the food covered. <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The displayed daily menu is reflective of meal choices for the residents and is rotated weekly. Picture cards are currently being implemented by the Head Cook for residents to identify meal choice. New dining trays and plate covers have been ordered to ensure that food is served in a dignified way and that food arrives with the resident warm and covered to prevent contamination.</p>

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



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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)