



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 9 May 2019



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.

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. The home is divided into three units, with one unit being for residents living with dementia and the other

two units for residents within the old age category of care. The home also shares the site with a registered nursing home

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual(s): Gavin O'Hare-Connolly	Registered Manager and date registered: Ashley Currie 8/05/19
Person in charge at the time of inspection: Ashley Currie	Number of registered places: 82 With 25 in RC-DE and 53 residents in RC-I
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: 25 in RC-DE 26 in RC-I

4.0 Inspection summary

This unannounced care inspection took place on 9 May 2019 from 10.10 to 16.00 hours.

The inspection 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 staff induction, training, supervision and appraisal and maintenance of good working relationships. Good practices were also found in relation adult safeguarding, infection prevention and control, governance arrangements and management of complaints.

Areas requiring improvement were identified in relation to a malodour in an identified bedroom, notification of distressed behaviour incidents, devising a matrix of aligned named worker reviews, formally seeking a named worker review and reviewing the provision of cutlery in the part of the home for people living with dementia.

Residents described living in the home as being a good experience/ in positive terms. Some of the comments included; "I am very happy here. The staff are very good" and "The care is first class. I feel a lot better for coming here".

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, two visiting relatives and staff during and after 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 resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

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 14 February 2019

No further actions were required to be taken following the most recent inspection on 14 February 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received, for example notification of incident 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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them 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 from these questionnaires in time for inclusion to this report.

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

- staff duty rota
- staff training schedule and training records
- staff supervision and appraisal schedule
- a sample of a staff member's competency and capability assessment
- four residents' records of care
- complaint records
- compliment records

- a sample of governance audits/records
- a sample of policies and procedures pertaining to safeguarding and infection prevention and control
- accident/incident records
- a sample of reports of visits by the registered provider/monthly monitoring
- RQIA registration certificate

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 14 February 2019

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

6.2 Review of areas for improvement from the last care inspection dated 14 February 2019

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, two visiting relatives and staff. Staff advised that they had seen good improvements with the staffing levels and the reduction in staff turnover.

We examined the staff duty rota and confirmed that it accurately reflected the staff working within the home on the day of the inspection.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A sample of a staff member's induction records was inspected and was found to be comprehensive and detailed.

Discussions with staff confirmed that mandatory training, supervision and appraisals of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

The registered manager and staff 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 registered manager. A sample of a completed staff competency and capability assessment was inspected and found to be satisfactory. One member of staff spoke positively of this assessment and the support received from management in helping their competency.

Arrangements were in place to monitor the registration status of staff with their professional body on a monthly basis. Discussions with care staff also confirmed their knowledge and understanding of their obligations with registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents.

Discussions with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The registered manager carries out a pre-admission assessment on any potential resident to the home to determine whether the home can meet the assessed needs.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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. Observation of staff practice found that staff adhered to IPC procedures. An infection prevention and control audit was implemented on 3 May 2019 with a corresponding action plan put any place to address any issues of improvement identified.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Communal areas were comfortable and nicely decorated. Residents' bedrooms were decorated to a good standard and personalised as per individualised choice. A strong malodour was found in an identified bedroom. This has identified as an area of improvement in accordance with legislation to make good.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, 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.

Inspection of staff training records confirmed that all staff are in receipt of appropriate fire safety training and fire safety drills. Records were retained of staff who participated, and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were regularly checked and maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

One area of improvement was identified in relation to making good the malodour in the identified bedroom.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of a sample of four residents' care records was undertaken. These were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual 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.

The dates of the last named worker care reviews were not readily available. This has been identified as an area of improvement in accordance with standards to put in place. In doing so the matrix of this information needs to be maintained both with the registered manager and with the senior care staff.

One identified resident was found to be in need of a review with their aligned named worker, particularly to ensure whether the home could meet the assessed needs pertaining to distressed behaviours and risk. The home need to formally request a review with the aligned named worker. This has been identified as an area of improvement in accordance with standards.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were aware of residents' needs and gave examples of how these were met such as with personal care.

Inspection of the week's menu and discussions with the cook found the menu to be varied and nutritious and meeting the individual and recorded dietary needs and preferences of the residents. The lunch time meal was appetising and nicely presented. The dining room and tables were facilitated with condiments and a suitable ambience for residents to enjoy their meal. The cutlery used in the part of the home accommodating people living with dementia was plastic and was not respectful of residents' dignity. This was identified as an area of improvement in accordance with standards to review accordingly. Throughout the inspection residents commented positively on this provision. Snacks and beverages were also readily available. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents (including falls), were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

There was good communication observed between staff and residents.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Three areas for improvement were identified in respect of this domain during the inspection. These were in relation to devising a matrix detailing the dates of the last named worker reviews, formally requesting a care review and reviewing the provision of cutlery in the part of the home accommodating people living with dementia.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 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.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of respect and dignity, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. This included visits by clergy members with a displayed calendar of same and religious artefacts in some of the bedrooms.

Discussions were undertaken with 24 residents in the home at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments included;

- "I am very happy here. The staff are very good"
- "The care is first class. I feel a lot better for coming here. The staff are so attentive always asking me how I am. The staff are 100%. They go the extra mile even the younger staff. The meals are all lovely"
- "The care couldn't be any better. I couldn't praise it enough. The staff are just wonderful "
- "I am very happy here. The staff are attentive and kind.....the meals are delicious and I can choose what I like."

Two visiting relatives also were available at the time of this inspection. Both voiced praise and gratitude for the provision of care and the kindness and support received from staff. Some of the comments made included;

- “This is a great home. We are really happy with it. This is the best home he/she has been in. The staff are lovely”
- “I am very happy with this home. He/she is being cared for great and I have no worries but good confidence with it.”

Residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by issues of assessed need such as pain or discomfort had a recorded statement of care/treatment given with effect of same.

Discreet observations of moving and handling care practices found these to be appropriate with time sensitive to residents’ needs.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were polite and friendly. There was a good ambience in place and residents were found to be comfortable and content. Residents were at ease and comfortable in their interactions with staff.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with residents and staff and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents’ meetings, care review meetings and day to day contact with management. The last residents’ meeting took place on 29 April 2019 and the last relatives’ meeting on 17 April 2019.

Discussion with staff and residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. In the afternoon of this inspection a group of residents were in enjoyment from visiting singing entertainment. During other periods residents were relaxing, watching television and/or engaged in pastimes of choice. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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
Total number of areas for improvement	0	0

6.7 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 outlined the management arrangements and governance systems in place within the home. The registered manager also confirmed that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Records were stored safely and securely in line with data protection.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints.

Analysis of the complaints record illustrated that complaints had been received. It was clear from the record that each complaint was investigated and that the complainant was satisfied with the outcome and improvements made.

Expressions of dissatisfaction or complaint were found to be taken seriously and managed appropriately. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

The home's accident/incident/notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were largely effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. However one identified resident had episodes of distressed behaviour and these were above the norm and involved risk. These incidents need to be reported formally to RQIA and the aligned named worker. This has been identified as an area of improvement in accordance with legislation. A regular audit of accidents and incidents was undertaken. This was discussed with the registered manager who demonstrated good governance in respect of this. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits. These audits included infection prevention and control, pharmacy, manager's monthly self-audit, falls, pressure ulcers and care records.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. An inspection of staff training records found that the training needs of staff were up-to-date.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The last three months (24 April 2019, 29 March 2019 and 27 February 2019) reports were inspected. These reports were informative, detailed and good evidence of governance. All these visits were unannounced. The reports were made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff confirmed that they would feel comfortable about raising any concerns and they felt that any such would be dealt with appropriately by management. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions raised. 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

One area of improvement was identified in respect of this domain during the inspection. This was in relation to notification of distressed behaviours that were above the norm and involved risk.

	Regulations	Standards
Total number of areas for improvement	1	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.

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 18(2)(j)</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall action the malodour by deep cleaning until appropriate replacement flooring is available in the identified bedroom.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The malodour in the identified bedroom is being actioned; housekeeping staff are cleaning the room daily and weekly deep cleaning is carried out to eradicate the malodour; a request has been submitted to our facilities department who confirmed on 04th June that they will have someone measure up and have the flooring replaced as soon as possible.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30(1)(d)</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2019</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> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: RQIA are being notified via Regulation 30 of any episodes of distressed behaviours that are above the norm or/ and involve risk.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</p>	<p>The registered person shall devise a matrix detailing the dates of all Trust named worker care reviews.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Matrix for dates of all Trust named worker care reviews was devised on 10th May 2019 and is held in the each of the Care Team Leaders offices.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2019</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> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Joint visit carried out on the 24th May with the Dementia Home Support Team and an interpreter; on-going input and reviews in place from Dementia Home Support Team to support with distressed behaviours and risk for identified resident.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: 9 June 2019</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> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A review has been conducted for the cutlery that is currently in place and this was purchased for the needs of the residents diagnosed with dementia; new cutlery will be sought to replace the current cutlery which is in place to ensure that residents dignity is maintained.</p>
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