



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 14 February 2019



Rose Court Residential Home

Type of Service: Residential Care Home

Address: 30 Westbourne Avenue, Ballymena BT43 5LW

Tel No: 02825648165

**Inspectors: Linda Thompson
Elaine Connolly**

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 provider 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 29 beds for residents living with dementia and 53 beds for frail elderly residents. A total of 82 residential care beds are provided.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare Connolly	Registered Manager: Carol Shields
Person in charge at the time of inspection: Andrea Harkness registered manager of Rose Court Nursing Home	Date manager registered: 29 November 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 82

4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 11.15 to 12.45 hours.

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

Rose Court Residential Care Home bed numbers were increased significantly in December 2018 and the home now delivers care for up to 82 residents. Admissions to the home continue to be phased to ensure that the residents settle well into the life of the home and that staff are familiar with the residents' needs before additional admissions are considered. Staff recruitment for the home is being progressed to ensure that there is always sufficient appropriately trained staff to meet the needs of the residents. It is appropriate that the home is not rushing to admit residents prior to ensuring that sufficient staff are recruited, inducted and ready for duty.

The registered manager was on planned leave at the time of the inspection and the inspection was supported by Ms Andrea Harkness, the registered manager of Rose Court Nursing Home, which is located in the same building on the ground floor.

This was a focused, unannounced inspection, initiated following receipt of information from a member of the public in regards to: falls management, the management of malodours in the home and sufficiency of staffing provision.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing provision
- the management of malodours throughout the home
- falls management

Residents who met with the inspectors were very praiseworthy of the home and the staff delivering care. Some comments received are detailed below:

- “The staff are perfect.”
- “I couldn’t ask for better.”

Three residents’ representatives who met with the inspectors also commented as detailed below:

- “The home is terrific.”
- “The staff are very welcoming.”

By the conclusion of the inspection we were able to confirm that the home was well managed; malodours were being appropriately addressed; there were robust arrangements in place to manage falls safely and effectively; and the staffing provision was appropriate to meet the needs of the residents. The concerns raised by the member of the public were not validated.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

The findings of this inspection resulted in no areas for improvement being identified.

Findings of the inspection were discussed with Andrea Harkness, registered manager of Rose Court Nursing Home, as part of the inspection process and details can be found in the main body of the report.

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 14 December 2018.

5.0 How we inspect

During the inspection the inspectors met with 15 residents individually and with most others in wider groups, six staff, and three residents’ visitors/representatives.

The following records were examined during the inspection:

- the staff duty rota from 27 January 2019 – present day
- the falls protocol
- the daily hygiene audit records

- the quality assurance/governance reports maintained in keeping with regulation 29 of the Residential Care Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 December 2018

The most recent inspection of the home was an announced variation to registration care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 December 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 18 (2) (j) Stated: First time To be completed by: 14 January 2019	The registered person shall make good the malodour issue in the flooring of three identified bedrooms. Action taken as confirmed during the inspection It was confirmed that replacement flooring has been ordered as required.	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.7 Stated: First time To be completed by: 15 December 2018	The registered person shall make good the identified risk with any overfilled clinical sharps containers. Action taken as confirmed during the inspection: It was confirmed that sharps boxes were maintained as required.	Met

Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: 14 January 2019	The registered person shall repair / make good: <ul style="list-style-type: none"> • The lighting in the clinical room • The paintwork to the maintenance store door • The door to the dementia unit 	Met
	Action taken as confirmed during the inspection: It has been confirmed that all areas identified have been fully actioned.	

6.3 Inspection findings

Findings

6.3.1 Staffing provision

We arrived at the home at 11.15 and were greeted by the receptionist. The foyer of the home was well presented, clean, tidy and welcoming.

A daily 'flash' meeting was being conducted by Andrea Harkness, the registered manager of the nursing home, with key members of staff. A 'flash' meeting is a valuable, focused and short meeting which ensures that all senior members of the care team are updated and aware of any ongoing issues in the home.

We were advised that the registered manager for the residential care home was on planned leave and that Andrea, the registered manager of the nursing home, was covering in her absence. Having explained the reason for the inspection to Ms Harkness, the registered manager of the nursing home (later called the manager), we sought to clarify staffing arrangements.

The manager advised that from December 2018, when the number of beds in the residential care home was increased to 82, there has been a sustained phased admission programme maintained. We were also advised that there is ongoing recruitment of care staff to ensure that sufficient staff are employed as the occupancy levels grow. It is positive to note that the planned phasing of admissions is ongoing as this ensures that the staff has time to get to know the new residents prior to additional admissions being arranged.

A review of the care staff duty rota for the period from 27 January 2019 to present day confirmed that there was sufficient staff available to meet the needs of the residents. There were a number of short notice absences noted on the staff duty rota and evidence was maintained to demonstrate that the gaps in the staffing complement had been filled appropriately. We were advised that there is ongoing active management of short notice absenteeism in the home.

There was also evidence in the staff duty rota to show that the home had recognised that the issue of 'sundowning' had become an issue with a number of residents in the dementia unit. An additional twilight shift was deployed to support this increase in resident need. Sundowning is a recognised facet of dementia which, whilst it may not occur for everyone, it can present as dementia progresses and presents as an increase in confusion, agitation and anxiety in the late afternoon to early evening.

We also reviewed the ancillary staff duty rotas and can confirm that there are appropriate numbers of domestic and laundry staff available daily throughout the home.

We observed staff working and interacting with residents throughout the inspection visit. The residents were observed to be very relaxed in the home setting. There was a quiet, calm atmosphere present with laughter and chat about Valentine's Day. A Valentine's Day dinner had been arranged in the café area for later in the day and invitations had been made to the spouses/partners of residents to join in a romantic meal.

We observed the dining experience at lunch time. The dining rooms were well prepared, bright and tastefully decorated. Staff were available in sufficient numbers to ensure that those residents who required extra encouragement with dining had the help required. There was a warm, relaxed and inviting atmosphere palpable.

Residents appeared to be enjoying a pleasurable morning either in the communal living areas or in their own bedrooms as would be their choice.

Some comments received from residents are included below:

- "I am very happy here, the girls are great."
- "It is perfect here."
- "I couldn't complain, it is all very good."
- "The food is good, I am never hungry."

Some comments made by relatives are detailed below:

- "I can tell you honestly the home is perfect."
- "The staff are great."

6.3.2 The management of malodours throughout the home

At the time of the inspection there were no significant malodours noted throughout the home. Three bedrooms had already been scheduled to have carpet replaced with a suitable vinyl alternative and this work is to be completed in early March 2019. This will prove more effective flooring which is more suitable and easier cleaned.

Domestic staff were observed to be working effectively at the time of the inspection and were knowledgeable in the management of malodours. A regular deep cleaning schedule was maintained and staff confirmed that regular shampooing of carpets is ongoing.

Domestic staff confirmed that should an incontinence issue be identified then the carpet in the resident's bedroom is cleaned daily if required.

6.3.4 Falls management

We reviewed the management of falls in the home to ensure that staff were appropriately trained and skilled to minimise risks to residents, and were aware of when to refer for medical assistance.

A falls protocol was maintained and all key staff in the home have recorded their understanding of the process to be followed in the event of an observed or unobserved fall. We were advised that the daily 'flash' meeting discussed in 6.3.1 also makes all key staff aware of any resident at high risk of falling.

First Aid is provided for all staff and senior staff are identified as the first responders in the event of a fall.

Staff were found, in discussion with the inspectors, to be knowledgeable on what to do in the event of a resident having fallen and were able to explain the process of reporting the fall to family members, contacting the GP for medical assistance, and recording the event in the accident books and residents' care records.

Recent notifications of falls sent to RQIA were noted to have been appropriately managed in line with Regulation 29 of the Residential Care Regulations (Northern Ireland) 2005. We examined the reports of regular falls audits maintained by the manager which consider the events leading up to a fall in an attempt to minimise risks for residents. Again these were noted to be appropriately maintained.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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