



# Announced Variation to Registration Care Inspection Report 14 December 2018



## 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 and Linda Thompson**

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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 registered to provide care and accommodation for 51 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare-Connolly	<b>Registered Manager:</b> Carol Shields
<b>Person in charge at the time of inspection:</b> Carol Shields	<b>Date manager registered:</b> 29 November 2018
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 51  A maximum of 29 residents in category RC-DE to be accommodated on the Ground Floor and a maximum of 22 residents in category RC-I to be accommodated on the First Floor.  Following this inspection approval has been granted for an additional 31 beds in category RC-I on the First Floor.  This brings the number of registered places to 82

### 4.0 Inspection summary

An announced variation to registration inspection of Rose Court Residential Home took place on 14 December 2018 from 10.00 to 13.00 hours.

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

The inspection sought to assess an application submitted to RQIA for a variation to the registration of Rose Court Residential Home for an additional 31 beds on the first floor.

Four areas of improvement were identified at the time of this inspection. These related to the first aid provision, sharps disposal and the environment. An email was received following this inspection on 17 December 2018, from the registered manager to confirm, that these issues are addressed.

The variation to registration to Rose Court Residential Home was granted from a care perspective following this inspection and receipt of confirmation of addressing areas of improvement.

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	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carol Shields, 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 dated 26 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 June 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 application for the variation of registration of the residential care home and manager submitted to RQIA.

During the inspection the inspectors, viewed the environment, met with 14 residents, six members of staff of various grades and the registered manager.

The following records were examined during the inspection:

- Staff training schedule and records
- Staff competency and capability assessments
- Registration details of care staff with professional body
- The home's Statement of Purpose and Residents' Guide
- Monthly monitoring reports
- Fire safety records

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 most recent inspection dated 26 June 2018

The most recent inspection of the home was an unannounced 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 26 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with regulations		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmation and details of the review of staffing was received by RQIA, following the inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 10 (1) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Confirmation and details of the review of resident dependencies and categories of care was received by RQIA, following the inspection.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (5) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall put in place an action plan place to address the provision of meals and menu choices.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The provision of meals and menu choices has been reviewed with positive feedback from residents.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall put in place a competency and capability assessment for any senior care assistant that will be given the responsibility of being in charge of the residential home for any period in the absence of the manager.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A sample of two competency and capability assessments were inspected. These were found to be appropriately in place.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with standards</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.4</p> <p><b>Stated:</b> First time</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> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The registered manager advised that the allocation of hours for laundry provision was appropriate given the overall decrease in occupancy in the home, from July 2018.</p> <p>Advice was given on this provision of hours and in particular surrounding the subsequent increase in occupancy which was to follow in the home. The registered manger agreed to monitor this provision.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### Staffing

The registered manager advised that there is a system in place to assess and monitor the dependency levels of residents accommodated within the residential care home. The registered manager also advised that staffing levels for the residential home will be subject to regular review to ensure the assessed needs of the residents were met.

It was confirmed that a phased admission process will be established in the extended residential unit on the first floor. This will assure the safe and effective admission of new residents to the home.

The registered manager confirmed that care staff would be in the residential home only and would not be shared with the nursing home.

A duty rota for the residential home is in place and accurately reflected staff on duty.

The registered manager explained the staffing (care and domestic) levels of the home and the proposed staffing levels of the additional residential beds.

Catering, laundry, administrative, and maintenance staff will be shared with both the residential and nursing home.

Activities provision for the residential care home will be a protected 50 hours per week.

Competency and capability assessments were in place for any senior care assistant that has the responsibility of being in charge of the residential home for any period in the absence of the registered manager. A sample of two competency and capability assessments were inspected and found to be maintained satisfactorily.

### Safeguarding

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 the registered manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained. The registered manager advised that mandatory adult safeguarding training was provided for all staff currently employed in the home and any new staff recruited to work in the residential home would be provided with such training.

## Residents' Views

The inspectors met with 14 residents in the home at the time of this inspection. All confirmed that they were happy and content in the home and with the care and kindness of staff, the provision of meals, activities and general atmosphere in the home. Some of the comments made included statements such as:

- "It's a lovely place. I like it here. No complaints"
- "The food is very nice"
- "It's very comfortable and pleasant"
- "Yesterday was the best ever craic I had, honestly I really enjoyed that show"
- "They are all very good to me"

## Infection prevention and control

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Inspection of staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

One area of improvement in accordance with standards was identified with two clinical sharps containers that were over filled and posed as a sharps injury risk.

We did note that a first aid box was not yet available to be used in emergency on the first floor. This issue was raised with the registered manager who arranged the purchase of this equipment immediately. Assurance was provided post inspection that this equipment was available in the home.

## Environment

A general inspection of the home was undertaken. In large the home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Areas of improvement were identified in the environment. These included;

- Malodours in the flooring of three identified bedrooms
- Poor lighting in the clinical room
- The door to the maintenance store in the first floor needed painting
- A door to the dementia unit was not closing properly

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors.

Catering and laundry services are shared with the nursing home. These were found to be tidy and well organised.

The grounds to the home were very well maintained.

### **Fire Safety**

The home had an up to date fire risk assessment which was reviewed by an estates inspector as part of the approval of variation.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 checked on a regular and up-to-date basis.

### **Management arrangements**

The registered manager outlined the management arrangements and governance systems which will be in place within the residential home. The registered manager also advised that the needs of residents will be met in accordance with the home's Statement of Purpose and the categories of care for which the home is registered with RQIA. Discussions with the registered manager confirmed she had good knowledge and understanding of individual residents' needs. This is commendable.

A range of policies and procedures was in place to guide and inform staff, in line with the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives will be made aware of how to make a complaint by way of the Residents' Guide and displayed information on how to complain.

The home's accident/incident/notifiable events policy and procedure included reporting arrangements to RQIA. A regular audit of accidents and incidents in the residential home is in place.

Monthly monitoring visits are undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report is to be produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Inspection of the last three months' reports found these to be maintained appropriately.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Staff confirmed that they felt very positive about the proposed registration and any associated changes to the home.

### **Areas of good practice**

Areas of good practice were identified in relation to the registered manager's knowledge and understanding of individual residents' needs and general feedback from residents and staff.

## Areas for improvement

Three areas of improvement were identified during this inspection. These were in relation to first aid provision, sharps disposal and the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Carol Shields, 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 18 (2) (j)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 January 2019	The registered person shall make good the malodour issue in the flooring of three identified bedrooms.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> room Two of the three bedrooms are in the process of having the carpet replaced. The third has been deep cleaned and no longer poses an odour.
<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 28.7  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2018	The registered person shall make good the identified risk with any overfilled clinical sharps containers.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> The containers have been removed by the pharmacist and replaced with empty. This is being monitored.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 14 January 2019	The registered person shall repair / make good;  <ul style="list-style-type: none"> <li>• The lighting in the clinical room</li> <li>• The paintwork to the maintenance store door</li> <li>• The door to the dementia unit</li> </ul> <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> Brighter bulbs installed in the treatment The Maintenance store door has been painted the door closer to the dementia unit has been repaired and fixed tight

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



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