



# Unannounced Follow-up Care Inspection Report 4 March 2019



## Rosemount Care Centre

Type of Service: Nursing Home (NH)  
Address: 2 Moy Road, Portadown BT62 1QL  
Tel No: 02838331311  
Inspector: Lyn Buckley

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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 nursing home registered to provide nursing care for up to 41 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Limited  <b>Responsible Individual:</b> Philip Scott	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Patricia Purvis	<b>Date manager registered:</b> Patricia Purvis - acting manager
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	<b>Number of registered places:</b> 41 consisting of 19 - NH - I accommodated in Jasmine Unit 22 - NH - DE accommodated in Sunflower Unit.

### 4.0 Inspection summary

An unannounced care inspection took place on 4 March 2019 from 10:15 to 12:30 hours

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection focused on assessing the level of the progress and compliance with the areas for improvement identified during the last care inspection on 3 September 2018.

We can confirm that one area for improvement relating to reposition charts has been stated for a second time

There were no new areas for improvement identified during this inspection.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	0

\*One area for improvement has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia Purvis, 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

The most recent inspection of the home was an unannounced care inspection undertaken on 3 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care 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 we met with patients and staff. Ten patients' questionnaires and 10 family members' questionnaires were left for distribution by the manager. A poster was provided for display in the staff room inviting staff to provide feedback to RQIA on-line. The inspector also provided the manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- five patients' repositioning charts
- two patient care records including care plans
- food records when nursing or care staff reheated patients' meals.

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 3 September 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 3 September 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) and (b) <b>Stated:</b> First time	The registered person shall ensure that repositioning charts accurately reflect the delivery of care prescribed in patients' care plans.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of reposition charts for five patient evidenced that staff did not accurately record the delivery of care. Specific details were shared with the manager regarding the deficits.  This area for improvement has been stated for a second time.  However, we were assured, through discussion with the manager and staff, that despite the identified deficits in the record keeping; that the care was being delivered as planned.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) and (b) <b>Stated:</b> First time	The registered person shall ensure that care plans accurately reflect the needs of patients.	
	<b>Action taken as confirmed during the inspection:</b> Review of two patients' care records evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> First time	The registered person shall ensure that any member of staff reheating patients' food is aware of the food safety and hygiene requirements for reheating food and that the required records are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records maintained in the servery kitchens and discussion with staff evidenced that this area for improvement had been met.	

## 6.3 Inspection findings

### 6.3.1 Staffing Arrangements

Since the last care inspection a new manager has been appointed. RQIA were notified as required and the manager has applied to register with us. It was good to meet with the new manager during this inspection and to discuss her plans for improvements within the nursing home. For example, a sensory room was under development. This would provide a quiet space for patients and their families other than the patient's own bedroom as well as being a therapeutic room.

The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We discussed the numbers of staff on duty and the skill mix of trained to untrained staff on duty over a 24 hour period. The manager had recently increased the number of care staff on duty in the afternoon on one of the units and she was aware of the minimum standard requirements for skill mix to ensure the delivery of safe and effective care.

All those spoken with during the inspection confirmed that there were enough staff on duty and that calls for assistance were responded to quickly.

One patient said, "Staff are lovely". Patients unable to provide their opinion were seen to be relaxed and comfortable with each other and with staff.

As part of the inspection we also asked patients, family members and staff to comment on staffing levels via questionnaires. We receive no responses.

We saw that staff were available in the lounges and in the dining rooms during the serving of the lunchtime meal. We saw staff responding to nurse call bells and assisting patients in their bedroom with their mid-morning tea or coffee and during the lunchtime.

We also saw that fire safety measures and infection prevention and control measures were in place to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

#### Areas for improvement

No areas for improvement were identified during the inspection in relation to staffing arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3.2 Consultation with stakeholders

When we arrived in the home we saw that patients were enjoying their morning tea/coffee with a snack, in one of the lounge/dining rooms or in their own room. Staff were providing support to patients as they needed it. It was clear that from watching the interactions between staff and patients that they knew each other well.

Patients unable to communicate their opinions and views were seen to be relaxed and comfortable in their interactions with staff and with other patients. Patients were also well dressed in clean

clothing that matched and attention had been paid to personal grooming such as finger nails, jewellery and the gentlemen were clean shaven. There was also a number of magazines/newspapers available as well as the television on low in the main lounge in each unit.

We also provided questionnaires for patients and family members; none were returned before we issued this report.

We spoke with patients individually and with others in small groups. Patients able to express their opinion said they were content and comfortable. Other patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with six staff; staff commented positively regarding the day to day management of the home and staffing levels.

We also provided a poster for staff inviting them to provide feedback to us on line. However, no responses were received.

Any comments from patients and patient family members in returned questionnaires received after the issuing of this report will be shared with the manager for their information and action as required.

### Areas for improvement

No additional areas for improvement were identified during the inspection in relation to stakeholders' comments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Patricia Purvis, 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 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 Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

## **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 Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 March 2019.</p>	<p>The registered person shall ensure that repositioning charts accurately reflect the delivery of care prescribed in patients' care plans.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Night nurses now check, date and sign all positioning charts and highlight any discrepancy.</p> <p>Ongoing supervision sessions with care staff continue.</p> <p>Workshops on care planning have been arranged for week commencing 15/04/19.</p>

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



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