

# Unannounced Care Inspection Report 5 December 2017



## Rosemount Care Centre

**Type of Service: Nursing Home**  
**Address: 2 Moy Road, Portadown, BT62 1QL**  
**Tel no: 028 3833 1311**  
**Inspectors: Sharon McKnight**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 73 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Zest Care Homes Ltd  <b>Responsible Individual:</b> Philip Scott	<b>Registered manager:</b> Ms Claire McKenna
<b>Person in charge at the time of inspection:</b> Julie Ann McClure	<b>Date manager registered:</b> 1 November 2011
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.  Residential Care (RC) DE – Dementia.	<b>Number of registered places:</b> 73  Jasmine unit: maximum of 19 places in NH-I, Sunflower unit: maximum of 22 places in NH-DE Cherry Blossom/Willow units: maximum of 32 places in RC-DE.

### 4.0 Inspection summary

An unannounced inspection took place on 5 December 2017 from 10:10 to 16.00.

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 term 'patients' is used to describe those living in Rosemount Care Centre which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 staffing, induction, and the home's environment. Care records were reviewed regularly to ensure they accurately reflected patient need. The registered nurses demonstrated a good understanding of the management of DNAR directives.

Areas requiring improvement were identified in relation to ensuring that requests for care management reviews are followed up in a timely manner.

Patients said they were happy living in the home.

The findings of this report will provide the home with 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>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Julie Ann McClure, deputy 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 3 May 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 3 May 2017. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients individually, nine staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Opportunities for staff not on duty to provide feedback were also provided.

The following records were examined during the inspection:

- duty rota for nursing and care staff for week commencing 4 December 2017
- induction records for agency staff
- record of staff meetings
- incident and accident records
- five patient care records
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing 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.

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 03 May 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

This QIP was validated by the care inspector during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 03 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 27(4)(c) Stated: First time	The registered provider must ensure that flammable items or materials are not stored at any time adjacent to escape route staircases.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On arrival to the home we observed that the areas adjacent to the escape route staircases were clear. Signs were displayed reminding staff that these areas must not be used for storage at any time. This area for improvement has been met.	
<b>Area for improvement 2</b> Ref: Regulation 16(1) Stated: First time	The registered provider must ensure that care plans are in place to direct the care required to meet the patient's needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the care records of two patients recently readmitted from hospital. Care plans were in place to direct the care required to meet the patient's needs. This area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13(1)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that there is proper provision for the nursing, health and welfare of patients.</p> <p>Patients' needs must be clearly recorded and systems put in place to ensure the registered nurses are aware of the patients' needs and that they received the care required.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with two registered nurses evidenced that there were systems in place to ensure patients' needs were communicated to all staff. A daily report sheet which detailed each patients name, current infections, dressing in place and/or due for renewal and any blood tests or clinical samples due to be collected was available in each unit. This report provided an overview of each patient's nursing needs for that day. This area for improvement has been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29(5)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that a copy of the report of the monthly monitoring visits must be maintained in the home and available on request.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A copy of the reports of the monthly monitoring visits were available in the home. This area for improvement has been met.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that the planned redecoration work is commenced in a timely manner and the new furniture distributed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment and discussion with staff evidenced that planned redecoration work and distribution of furniture had been completed. This area for improvement has been met.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that patients care plans are re-evaluated, and updated as required, in response to their changing needs</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of five patients' care records evidenced that care plans were re-evaluated and updated, as required, in response to changing need. This area for improvement has been met.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that staff meetings take place on a regular basis and at a minimum quarterly.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the record of staffing meetings evidenced that meeting had taken place on 28 July and 31 October 2017. The next meeting was scheduled for 31 January 2018. This area for improvement has been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> Second time</p>	<p>It is recommended that issues identified during the monthly monitoring visits should be reviewed during the next visit and the progress commented on in the report; each report should contain specific detail of each monthly visit.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The reports of the monthly monitoring visits contained an action plan; the progress of the action taken to meet the action plan was commented on at the subsequent visit. This area for improvement has been met.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 41.2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that at all times suitably qualified, competent and experienced staff are working in the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>The staffing in the identified residential unit should be reviewed to ensure there are sufficient staff on duty to meet the needs of the patients and provide appropriate supervision.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following the previous inspection confirmation that staffing had been reviewed and adjusted in the identified residential unit was received. Discussion with the deputy manager and staff in the residential units confirmed that the current staff levels were sufficient to meet the needs of the patients. This area for improvement has been met.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 39.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the induction process for nurses supplied by an agency is reviewed to ensure that the specific nursing needs of patients are clearly identified to the nurse.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>As previously discussed the deputy manager explained that a daily report sheet which detailed each patients name, current infections, dressing in place and/or due for renewal and any blood tests or clinical samples due to be collected was available in each unit. This report provided an overview of each patient's nursing needs for that day. This area for improvement has been met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure that records of all referrals made and advice sought from health and social care trusts are maintained in individual patient records.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care records clearly evidenced referrals made and advice sought from health and social care trusts. This area for improvement has been met.</p>		

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<b>Area for improvement 8</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person must ensure that the management systems in place which assure the safe and effective delivery of care within the home are reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The deputy manager was in charge of the home on the day of the inspection as the registered manager was on unplanned leave. The deputy manager, nursing sister and staff in the residential unit were well informed of the day to day operation of the home. There was a noted improvement in the written communication within the home. This area for improvement has been met.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The deputy manager confirmed the planned daily staffing levels for the home. A review of the staffing roster for week commencing 4 December 2017 evidenced that planned staffing levels were adhered to. In addition to nursing and care staff, the deputy manager confirmed that administrative, catering, domestic and laundry staff were also on duty daily. No concerns regarding staffing provision within the home were raised during discussions with patients, relatives and staff. We also sought relatives and staff opinion on staffing via questionnaires. None were returned prior to the issue of this report.

The deputy manager explained that a number of registered nurse and care staff posts were vacant and that recruitment was ongoing. In the interim a number of staff were currently supplied by employment agencies. The deputy manager explained that they attempted to block book staff to ensure consistency and continuity of care. A profile containing confirmation of the AccessNI check, registration with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and training was held in the home for each staff member supplied by an agency. Records evidenced that agency staff completed a structured induction programme to the home.

A general inspection of the home was undertaken to examine a number of patients' bedrooms, lounges, bathrooms and toilets. The home was fresh smelling, clean and appropriately heated. The servery kitchens in the nursing units had recently been refurbished. There were no issues identified with infection prevention and control practice. Fire exits were observed to be clear and free from obstruction.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction, and the home’s environment.

**Areas for improvement**

No areas for improvement were identified with the delivery of safe care during the inspection.

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

**6.5 Is care effective?**

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

Review of five patient care records evidenced that a comprehensive assessment and range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

**Nursing units**

We reviewed the care records of three patients who had recently been in hospital. Records evidenced that comprehensive information, including the reason for the patient’s transfer to hospital, medical history, communication needs, continence needs, wound, recent falls and the most recent medication was provided to the admitting hospital

On return to the home a discharge letter from the hospital was available for each patient and detailed any investigations undertaken, any changes to medication and any planned follow up. On readmission to the home an assessment entitled “Return from hospital assessment” and body map were completed for each patient. Assessments and care plans were updated as required to reflect any changes to the patients’ condition.

We discussed the management of “Do Not Attempt Resuscitation” (DNAR) directives with the registered nurses. Both were knowledgeable of the need to ensure that DNAR directives agreed in hospital and/or by the Northern Ireland Ambulance Service (NIAS) when transporting patients, were reviewed with the patient and/or relatives and the patient’s GP on return to the home.

**Residential units**

We reviewed the care records of two patients whose needs had recently changed and were currently waiting to be reassessed by the relevant healthcare professionals. Assessments and care plans had been regularly reviewed to reflect the patients’ changing needs and increased dependency. There were records to evidence that the home had contacted the patients’ care

manager to request a care management review when the patients assessed needs began to change. However the initial requests had been made a number of weeks prior to the inspection and whilst dates had been arranged for the reviews these were a number of weeks after the inspection.

Despite care records reflecting that the patients’ dependency continued to increase there were no records to evidence if any contact had been made by the home to follow up on the initial request. Requests for care management reviews should be followed up to ensure they are completed in a timely manner. This was identified as an area for improvement under the standards.

We discussed how patient and care needs were communicated between staff. Staff advised that they received a handover report at the start of each shift. Staff were of the opinion that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with patients, relatives and their colleagues.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping and the assessment of patient need.

**Areas for improvement**

The following area was identified for improvement in relation to ensuring that requests for care management reviews are followed up in a timely manner.

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

**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.**

Observations throughout the inspection evidenced that there was a calm atmosphere in the home and staff were quietly attending to the patients’ needs. Staff were observed responding to patients’ needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Staff spoken with were knowledgeable regarding patients’ likes and dislikes and individual preferences.

Patients spoken with commented positively in regard to the care they received.

We spoke with the relative of one patient and the visitors of another. All were complimentary regarding staff and the care in the home and confirmed that they were made to feel welcome when they visited. The relative commented that:

“The staff are more than carers, they are more like family.”

Questionnaires were issued to relatives, none were returned prior to the issue of this report.

Staff were provided with opportunities to respond to questionnaires via an online survey. No responses were received.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to dignity and privacy and listening to and responding to patients' requests and needs.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the deputy manager and observation of patients evidenced that the home was operating within its' registered categories of care. The most recent certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

As previously discussed the deputy manager, nursing sister and staff in the residential unit were well informed of the day to day operation of the home. There was a noted improvement in the written communication within the home since the previous inspection.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the home. A review of the duty rota evidenced that the registered manager's hours were recorded. A registered nurse was identified to take charge of the home when the registered manager was off duty.

A review of records evidenced that monthly monitoring visits were completed in accordance with the regulations. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA from July to September 2017 confirmed that these were appropriately managed. The deputy manager confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the operation of the home operating within its' registered categories of care and governance arrangements.

## Areas for improvement

No areas for improvement were identified during the inspection.

	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 Julie Ann McClure, deputy 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 nursing 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 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 Care Standards for Nursing Homes (2015).

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 January 2018</p>	<p>The registered person shall ensure that requests for care management reviews are followed up to ensure reviews are completed in a timely manner.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A schedule of due, planned and completed care reviews is maintained by the Home Manager. Regular email reminders are also sent by the Home Manager should an urgent care review be required or indeed a routine review has become overdue. Such communications are also noted in the resident/patient care files.</p> <p>In the event that a resident needs an upgrade in care from residential to nursing services the local Trust procedure is followed to ensure the progression is a long term need and not simply an acute episode that can be resolved (e.g. behavioural or mobility changes due to infection). If the change is long term a Care Review is then arranged with the family and Care Manager to address the need to find a suitable nursing care placement within a reasonable timeframe. Despite our best efforts, following this local Trust procedure often means that acting in a timely manner is somewhat out of our control as we are reliant on the availability of Trust personnel.</p>



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