



Unannounced Care Inspection Report 3 September 2018



Rosemount Care Centre

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

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 for up to 41 persons.

3.0 Service details

Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Philip Scott	Registered manager: Ms Claire McKenna
Person in charge at the time of inspection: Ms Claire McKenna	Date manager registered: 1 November 2011
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of registered places: 41 consisting of 19 - NH - I accommodated in Jasmine Unit 22 - NH - DE accommodated in Sunflower Unit.

4.0 Inspection summary

An unannounced inspection took place on 3 September 2018 from 10:25 to 16:10 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 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, staff recruitment, staff training and practice; the home's environment; communication between patients, staff and other key stakeholders and the delivery of care. The culture and ethos of the home ensured dignity and privacy and it was evident that staff listened to and valued patients and their representatives. We also evidenced good practice in relation to governance arrangements, management of complaints and incidents, quality improvement and the maintaining good working relationships.

Areas requiring improvement were identified in relation to care planning and record keeping; and food safety.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Claire McKenna, 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 5 December 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2018. 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 spoke with seven patients individually and others in small groups, three patients' relatives and 11 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then 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:

- duty rota for all staff from 27 August to 9 September 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- one staff recruitment and induction file

- five patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record for 2018
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 for 2018.

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 5 December 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. Refer to the next section.

6.2 Review of areas for improvement from the last care inspection dated 5 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 21.7 Stated: First time	The registered person shall ensure that requests for care management reviews are followed up to ensure reviews are completed in a timely manner.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that this area for improvement had 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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 27 August to 9 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. However, no responses were received before issuing this report.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rosemount. We also sought the opinion of patients on staffing via questionnaires. However, no responses were received before issuing this report.

Three relatives spoken with did not raise any concerns. All were very complimentary regarding the care their loved ones' received and the staff. We also sought the opinion of relatives on staffing via questionnaires. However, no responses were received before issuing this report.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that an enhanced Access NI check was sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There was a systems and process in place to ensure that alerts issued by Chief Nursing Officer (CNO) or the Northern Ireland Adverse Incident Centre (NIAIC) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2018. Staff confirmed that they were required and enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards.

Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

Review of patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan would be devised, as required, to address any identified deficits. The registered manager and review of records confirmed that this information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, relatives and staff spoken with were complimentary in respect of the home's environment. We did observe one standard fan in the nursing office to have dusty blades. This was brought to the attention of staff and arrangements were made to clean this fan and to check others throughout the home.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Nursing and care staff were observed to make use of personal protective equipment such as aprons and gloves, appropriately. We also observed three staff to undertake handwashing correctly and in keeping with regional infection control guidelines.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, staff training and practice and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 care plans were in place to direct the care required and generally reflected the assessed needs of the patient. However, two care records reviewed were not reflective of the delivery of care. For example, a patient no longer required repositioning by staff and had had their mattress upgraded to a therapy mattress. The care plan interventions regarding these changes had not been updated. Another patient required specific care and the details of this were not part of the patient's care plan. Details were discussed with nursing staff and the registered manager. An area for improvement was made.

We reviewed the management of nutrition, patients' weight and pressure area care; in each of the areas reviewed a daily record was maintained to evidence the delivery of care. However, in relation to repositioning records, review of four charts evidenced gaps in the record keeping. For example, two charts evidenced no record of repositioning from 22:50 hours on 2 September 2018 to 06:00 hours on 3 September 2018, a gap of up to seven hours. Details were discussed with the registered manager and nursing staff. We were assured from this discussion that none of the patients in the home had a pressure ulcer. However, given the potential risks to patients an area for improvement was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with relatives/representatives within the care records.

Patient and relatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and relatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders and the delivery of care.

Areas for improvement

The following areas were identified for improvement in relation to care planning and record keeping.

	Regulations	Standards
Total number of areas for improvement	2	0

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.

We arrived in the home at 10:25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea or coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and patients confirmed that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal in one of the units. Patients were assisted to the dining room or had trays delivered to them as required. Patients had access to condiments, a choice of drinks and second helpings, if desired. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime experience. Patients able to communicate indicated that they enjoyed their meals and "had plenty of choice".

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were advised to remember to make use of plate covers when transporting food from the heated trolley to bedrooms or lounges. We also observed care staff to reheat a patient's meal in the unit's kitchen microwave. Staff were not aware of the food hygiene requirements in relation to the reheating of food. We advised staff of the risks associated with reheating food and provided details to the registered manager during feedback. An area for improvement was made.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Rosemount was a positive experience and that staff were attentive and very kind. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient questionnaires were provided however, no responses were received before issuing this report.

We spoke with three relatives during this inspection who were complimentary regarding the care their loved one received. Ten relative questionnaires were also provided however, no responses were received before issuing this report.

We spoke with 11 staff and their comments are included throughout this report. Staff were also invited to complete an on line survey however, no responses were received before issuing this report.

Any comments from patients, patient representatives and staff, in returned questionnaires or on line received after the issue of this report, will be shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and staff knowledge of their patient needs, wishes and preferences.

Areas for improvement

The following areas were identified for improvement in relation to food safety.

	Regulations	Standards
Total number of areas for improvement	1	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager’s working patterns supported effective engagement with them and the multi-professional team. .

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Arrangements were in place to manage equality data appropriately and to provide staff with equality and diversity training.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed the environment and IPC practices. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, wounds, patients weight loss/gain, use of bedrails/pressure mats and falls occurring in the home.

Discussion with the registered manager and review of a sample of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No new areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	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 Claire McKenna, 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 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that repositioning charts accurately reflect the delivery of care prescribed in patients' care plans.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Repositioning charts have now been modified to include the required frequency of repositioning and any special mattress settings as per care plans. Completion of repositioning records and the continuity of recorded details transferred from care plans will be monitored through our care file audit process and spot checks.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that care plans accurately reflect the needs of patients.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The 2 care plans identified as not being reflective of the residents current needs were updated immediately. Completion of updating care files with relevant and current information will be monitored through our care file audit process and spot checks.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that any member of staff reheating patient's food is aware of the food safety and hygiene requirements for reheating food and that the required records are maintained.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All nursing, care and kitchen staff within the home currently complete food hygiene training as standard practice, the contents of same covers the practice of food reheating. Served reheat records (which include instructional guidance) and digital food probe thermometers have now been provided for use on all units having a microwave by which they reheat food. Completion of these records will be monitored as part of monthly Catering records checks and audits.</p>

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



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