

Unannounced Care Inspection Report 5 March 2020



Rosemount Care Centre

Type of Service: Nursing Home (NH)
Address: 2 Moy Road, Portadown, BT62 1QL
Tel no: 028 3833 1311
Inspector: Caroline Rix

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.

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.

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

| | |
|---|---|
| Organisation/Registered Provider: Zest Care Homes Ltd Responsible Individual: Philip Scott | Registered Manager and date registered: Patricia Purvis 8 November 2019 |
| Person in charge at the time of inspection: Patricia Purvis | Number of registered places: 41 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. | Number of patients accommodated in the nursing home on the day of this inspection: 40 |

4.0 Inspection summary

An unannounced inspection took place on 5 March 2020 from 10.20 to 15.00.

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 'patient' is used to describe those living in Rosemount Care Centre Nursing Home which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home 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, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

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 | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patricia Purvis, Manager, the regional manager and deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 December 2019. No further actions were required to be taken following the most recent inspection on 5 December 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. However, due to restricted access to the RQIA office during the coronavirus period, the inspector was unable to review any questionnaires returned to RQIA. Therefore we apologise for this feedback being omitted from this report. The content of returned questionnaires will be reviewed when normal working arrangements return, and any issues raised will be discussed with the home manager.

A poster was provided for staff detailing how they could complete an electronic questionnaire; - there was no response in the timeframe provided.

The following records were examined during the inspection:

- duty rota for all staff from 2 March 2020 to 15 March 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incidents, accident and notification records
- one staff recruitment and induction file
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly monitoring reports from December 2019 to January 2020
- RQIA registration certificate

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 previous inspection

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed the planned staffing levels for the home and that these were subject to monthly review to ensure the assessed needs of patients were met. Discussions with the manager, staff and a sample of the home's duty rota indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The inspector also sought staff opinion on staffing via the online survey, however, there were no responses received in the timeframe allocated.

The inspector observed staff responding to patients' needs, in a timely manner and call bells were answered promptly. Patients spoken with during the inspection were satisfied with staffing levels in the home.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received mandatory training which has provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector identified that all senior staff had completed training to level 3 on the Mental Capacity Act (MCA) (Northern Ireland) 2016, Deprivation of Liberty Safeguards (DOLS). The manager confirmed that training of all care staff to level 2 in this subject had also been provided.

A review of the home's environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients' needs had changed.

Discussions with staff and patients, along with the inspector's observations demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines which evidenced regular communication with representatives. A range of risk assessments had been completed to inform care planning for the individual patients and there was evidence that the care planning process included input from the patient and their representative. .

Care records contained evidence of referrals having been made to relevant health care professionals, such as the tissue viability nurse, dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from these professionals that were regularly reviewed and shared with care staff and catering staff as required.

Feedback from patients included the following comments:

- "You couldn't get a better place than here. The staff are all very good, helpful and jolly."
- "It is really OK living here."
- "The staff are very good to us."

Staff were observed engaging with patients in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff comments included:

- "We have a great team who care about our residents."
- "We have very regular update training which is good, we are all well trained to do our job well."
- "Team work here is very good. I find the job rewarding."
- "It can be very busy in the mornings especially; it would help if we had more staff at this time."
- "It does be sad when residents condition deteriorate or they die."

- “I love it when a resident recognises my face and gives me a big smile, many can’t remember our names.”
- “I love singing with the residents and especially like helping with activities, seeing how their mood improves by taking part.”

The inspector observed the serving of lunch in the dining room. The patients’ menu choices had been sought in advance and recorded by care staff. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to modify fluids, if necessary, and were aware of patient’s dietary needs, likes and dislikes. The food smelled appetising and was well presented. Staff assisted patients as required and promoted independence where appropriate with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. Some patients commented;

- “The food is always good.”
- “I love everything we are offered, the food is excellent.”
- “I enjoyed my meals, it is like a restaurant many days here, it is so good.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning, patients were offered a range of hot and cold beverages and a selection of snacks and biscuits.

Staff spoken with had a clear understanding of their roles and responsibilities. Discussions with patients evidenced that they were aware of the roles of the staff in the home and whom they should speak to if they had a concern. Patients stated that the manager and staff are very caring and approachable and always willing to take time to speak with them.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

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 compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector spoke with five patients about their experience of living in Rosemount Care Centre Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am comfortable; I’ve lived so long partly because of the good care I get here.”
- “It is perfect here, couldn’t get any better.”
- “I enjoy the company of others but have my comfortable room if I want some quiet time.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

The inspector viewed the ‘sensory room’ opened in February 2020 in the Sunflower unit. Staff described the benefits for patients and their families when spend time in this calming atmosphere with soft music, adjustable lighting, aroma therapy and hand care used.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments via thank you cards had been received by the home which included:

- ‘Thank you all so much for the love and care you showed Dad during his last months. It will always be appreciated by the whole family.’
- “Thank you all very much for the great care you gave our mother. Also for the excellent support you gave us throughout our visits. You are wonderful caring staff and we want you to know that we really appreciate all that you’ve done.’

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 taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 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.

There have been no changes in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. These policies and procedures were reviewed to incorporate the MCA (Northern Ireland) 2016, DoLS which came into effect on 2 December 2019 in Northern Ireland.

A review of adult safeguarding information and discussions with the manager provided evidence that previous referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. No recent adult safeguarding matters/referrals had been reported. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately.

Monthly quality monitoring reports were reviewed for December 2019 to January 2020. These reports had been completed by the regional manager as arranged by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan was generated to address any areas for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

The inspector discussed the importance of maintaining a record of patients within the home where DoLS have been applied and monitored during monthly monitoring visits.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good working here; the team work well together, we have low staff turnover, so families are more relaxed.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager who has an open door for any of us. I would definitely report any concerns as some residents can’t speak for themselves.”

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 areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

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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