Unannounced Care Inspection Report
4 and 9 July 2019

Rosevale Lodge

Type of Service: Residential Care Home
Address: 173 Moira Road, Lisburn BT28 1RW
Tel no: 028 9260 4433
Inspector: Bronagh Duggan and Catherine Glover

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for

2.0 Profile of service

This is a registered residential care home which provides care for up to 36 residents within the categories of care as outlined in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual:** Maureen Claire Royston	**Registered Manager and date registered:** Mayvelyn Talag 31 May 2018
Person in charge at the time of inspection: Mayvelyn Talag	**Number of registered places:** 36
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence.	**Total number of residents in the residential care home on the day of this inspection:** 35

4.0 Inspection summary

An unannounced inspection took place on 9 July 2019 from 10.00 hours to 18.15 hours by the care inspector and the pharmacy inspector on 4 July 2019.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought 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 care records, training, recruitment, quality assurance and management of complaints.

In relation to medicines management, evidence of good practice was found in relation to the administration of medicines, medicine records, the storage of medicines and the management of controlled drugs.

One area requiring improvement identified during the previous care inspection relating to obtaining written consents has been stated for a second time.

No areas for improvement were identified in relation to the management of medicines.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

*The total number of areas for improvement include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mayvelyn Talag, 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 11 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 11 March 2019. No further actions were required to be taken following the most recent inspection on 11 March 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 pharmacy, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, 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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One completed questionnaire was returned by a resident's representative. The questionnaire showed the respondent was very satisfied with the care provided for their relative.

During the inspection a sample of records was examined which included:

- staff duty rotas from 1 July 2019 to 21 July 2019
- staff training matrix
- one staff recruitment and induction record

- sample of three competency and capability assessments
- staff supervision and appraisal schedule
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- NISCC registration information
- a sample of governance audits/records
- annual quality review report
- accident/incident records from November 2018 to July 2019
- a sample of reports of visits by the registered provider for April, May and June 2019
- RQIA registration certificate

The following areas/records were reviewed during the medicines management inspection:

- staff training and competency
- management of medicines on admission and discharge
- management of distressed reactions and controlled drugs
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicines management audits
- storage of medicines

Areas for improvements 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met, and one was not met and has been included in the QIP at the back of this report.

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

6.2 Inspection findings

6.3 Is care safe?

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

On arrival we observed the home was comfortably heated and welcoming. Most residents were up washed and dressed while others were being assisted by staff with personal care. Residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Several residents sat within the two main lounge areas, while others were observed reading in their bedrooms while others moved freely around the home.

The registered manager, who was on duty throughout the inspection, explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated. The staff duty roster reviewed accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked.

The registered manager confirmed competency and capability assessments were in place for staff in charge of the home in her absence. A sample of three were viewed and these were found to be satisfactory.

Staff shared that staffing levels were usually maintained at assessed levels however short notice absence did arise from time to time. This issue was discussed with the registered manager who advised home staff would be contacted to cover the additional hours and if they were not available agencies could be contacted. The registered manager advised she was reviewing staff sickness and would address with staff members.

The system and process in place for the recruitment and selection of staff were satisfactory and in accordance with statutory employment legislation. Review of one recruitment record evidenced compliance with statutory employment legislation including pre-employment checks.

There was a system in place to ensure that care staff were registered with the Northern Ireland Social Care Council (NISCC) and was reviewed by the registered manager on a monthly basis.

Staff said they received good support from the manager and senior staff through the provision of staff meetings, supervision and annual appraisals. Staff confirmed there was a daily handover at the beginning of each shift. The registered manager advised there were also daily “flash meetings” with identified staff members to share a general overview of the main events happening in the home.

Two visitors spoke positively about the attention and care given by staff to their relatives. One visitor said “I think it is good here, staff keep you informed of any changes they are good.”

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training including: dementia awareness, and allergy awareness.

The registered manager outlined the safeguarding champion arrangements for the home. The adult safeguarding position report for 2018 will be reviewed at the next care inspection. Staff training in adult safeguarding was included within mandatory training records and staff were able to describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records retained in the home were cross referenced with those notified to RQIA which evidenced compliance with regulations and minimum standards. The measures in place to minimise the risk of falls included for example: fall risk assessments, referral to trust falls team, and the provision of various aids and appliances to aid mobility. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. There was good evidence of a dementia friendly environment with visible signage and land marks to aid residents living with dementia to navigate their way around the home. Resident's bedrooms were personalised with items of memorabilia displayed. Fire doors were closed and exits unobstructed. Areas which residents use had staff call bells installed. The registered manager advised there was a plan in place for environmental improvements including touching up paintwork / wall coverings in the home. In addition an identified toilet seat needed repair, the registered manager confirmed the issues would be addressed. This shall be followed up at the next care inspection.

All areas within the home were observed to be comfortably heated, odour free and clean. We observed a plentiful supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Staff spoken with were aware of infection prevention and control (IPC) procedures. Good supplies of products including gloves, aprons, hand sanitizers were positioned throughout the home. Review of care records showed staff had completed training in IPC.

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. The management of medicines was undertaken by trained and competent staff and systems were in place to review staff competency. There were robust systems in place to audit all aspects of the management of medicines. Systems were in place to ensure the safe management of medicines when a resident arrives at the home. Systems were in place to manage the ordering of medicines to ensure adequate supplies were available and to prevent wastage. The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines. Medicine records were legible and accurately maintained as to ensure that there was a clear audit trail. Where medicines were prescribed on a 'when required' basis, parameters of use were clearly defined in the resident's records.
Medicines were safely and securely stored. They were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

The management of medicines prescribed to manage pain, distressed reactions and thickened fluids was examined and found to be satisfactory. All of the appropriate care records had been completed.

Controlled drugs were safely managed. The receipt, administration and disposal or return of Schedule 2 and 3 controlled drugs were maintained in a controlled drug record book. There were arrangements to store controlled drugs in a controlled drugs cabinet and for stock balances to be reconciled on each occasion when the responsibility for secure storage was transferred.

Areas of good practice

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

Areas of good practice were identified in relation to the management of medicines on admission, medicines prescribed for distressed reactions and controlled drugs.

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.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

The registered manager and staff confirmed there was a handover meeting at the beginning of each shift, staff reported they were able to discuss and review the ongoing needs of individual care of residents. We could see from observation that residents were getting appropriate care. In discussion with residents they reported “It’s the best, no complaints from me. It has been very good here.” “This is a nice place, everyone is very nice.”

The registered manager and staff described how a comprehensive assessment and admission process was completed for residents being admitted to the home. When risks are identified and assessed, a plan is put in place to meet individual care needs to reduce risks. These included for example falls risk assessments and associated care plans. The need to ensure personal details including names were completed on all relevant documentation was discussed with the registered manager, as one of the records reviewed had risk assessments completed but the name of the resident was not included on the general document. The registered manager advised this issue would be addressed with staff.

The registered manager ensured systems were in place to maintain an over view in the home through the completion of regular audits and by speaking with staff and residents. The registered manager and staff confirmed there were good working relationships with the multi-disciplinary team and staff in the home.

The care records for residents were kept securely to ensure confidentiality. Three care records reviewed evidenced multi-disciplinary working and ongoing working with professionals such as general practitioner, dieticians and district nursing. The care records were regularly reviewed and updated. Weights were recorded, and showed follow up regarding any weight issues. The registered manager advised there were no residents in the home requiring pressure area care, but if this was needed district nursing would be involved. The care records evidenced that staff communicated with residents' family members or representatives and had a range of risk assessments in place to help plan individual care needs.

We also saw the evidence that a care review was completed with the resident, their family, care staff and staff from the Trust each year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

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.

During the inspection staff interactions with residents were observed to be compassionate with detailed knowledge of residents' choices, likes, dislikes and assessed needs. There was a pleasant atmosphere within the home, residents easily engaged with staff and each other in a pleasant manner.

Residents appeared relaxed and content in the home. Staff were observed to respond promptly to their requests for assistance. One resident said "the staff are kind, one girl in particular is very nice. (The home) is very clean, I can't complain."

Care records reviewed outlined residents preferred activities and daily routines; such as preferred times for getting up and going to bed, food likes and dislikes. Staff said that these were flexible and that resident choice was always a priority.

The registered manager advised recruitment was currently ongoing for a full time activities therapist in the interim there was part time activities provision and care staff were also involved in supporting residents with activities in the home including activities such as arts, crafts, musical singalongs. Staff said activities were based on residents past hobbies and interests and they were consulted about their preferences when activities were being planned. A selection of materials and resources were available for use during activity sessions.

The serving of the mid- day meal was discreetly observed. Meals were cooked in the main kitchen and served from a hot trolley. Tables were neatly set with a range of condiments available. Meals were nicely presented with adequate portions of food served. Staff were present throughout the meal supervising and assisting residents as required. Residents were given choices at meal times and where required special diets were provided. The menu choices for the day including lunch and tea were displayed in each of the dining rooms.

Comments received from residents and representatives during the inspection included:

- "I am getting on the best, everyone is very nice. I like to go to the garden, I was down for a while earlier. The food is good too. (resident)
- "I do like it here, staff are very nice. No complaints at all, none, they are very kind, very helpful. (resident)
- "There is always someone about, we come at different times most days. If I had any issues I have raised them with the manager and they have been sorted out ok." (residents representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

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.

We discussed with the registered manager arrangements and governance systems in place within the home. The registered manager advised that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

The registered manager remained on duty throughout the inspection and advised there had been no change in the organisational structure of the home since the previous inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities. Staff confirmed that they found the manager to be supportive if they had any issues requiring addressing. Staff spoken with were aware of the homes whistleblowing policy.

The home retains a wide range of policies and procedures in place to guide and inform staff which were reviewed and revised on a regular basis.

The registered manager explained that there were arrangements in place to ensure risk assessments were reviewed on a monthly basis. Risk assessments viewed within care records were noted to be current and had been reviewed as explained by the registered manager.

The registered manager explained that audits of accidents/incidents, nutrition, medication, complaints, infection prevention and control including hand hygiene and environment were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports for April, May and June 2019 confirmed compliance with regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and minimum care standards.

The home had a complaints policy and procedure which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines. Records were available of complaints received. Records showed that two complaints were received since the previous inspection. They was managed appropriately and resolved to the complainant's satisfaction.

Review of records in the home and discussion with the registered manager confirmed there were regular staff meetings and that information was shared with the staff team about any issues arising. An annual quality review report had been completed up until the April 2019 this included an overview of a range of quality indicators in the home. The registered manager confirmed any actions identified would be actioned accordingly. The report also included information relating to the nursing home, this issue was discussed with the registered manager who advised information was compiled prior to separate registrations for the nursing and residential homes. The registered manager advised moving forward separate annual quality review reports would be completed.

Discussions with the registered manager and staff confirmed there were good working relations with both internal and external stakeholders.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mayvelyn Talag, registered manage, 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 7.4 **Stated:** Second time	The registered person shall ensure that written consents are obtained regarding night checks and access to residents' records by trust professionals and RQIA inspectors. Ref: 6.1
To be completed by: 9 October 2019	**Response by registered person detailing the actions taken:** Consents are in place for photograph and any restrictive practice. The area around consent to records is currently being considered.

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

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