

Inspection Report

5 March 2024



Rosevale Lodge

Type of service: Residential
Address: 173 Moira Road, Lisburn, BT28 1RW
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Healthcare Ireland No 2 Ltd	Registered Manager: Mrs Cheryl Palmer
Responsible Individual: Ms Amanda Mitchell	Date registered: 20 June 2023
Person in charge at the time of inspection: Cheryl Palmer	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.	Number of residents accommodated in the residential care home on the day of this inspection: 35
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 36 residents. The home is located on the first floor which provides care for people with dementia. There is a Nursing Home which occupies the ground floor and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 5 March 2024 from 10.05 am to 3.40 pm by a care inspector.

The inspection focused on the areas for improvement identified in the home since the last care inspection; care delivery, quality of life, management of the environment and Infection Prevention and Control (IPC).

The home was bright and welcoming, corridors and walkways were kept clear and free from obstruction.

Residents spoken with, said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of residents.

No new areas for improvement were identified as a result of this inspection.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with told us they enjoyed living in the care home and were complimentary about the staff and the care provided. One resident told us, "you could ask staff for anything." Residents told us the staff were approachable and said, "If you need something and staff don't have it, they will make sure they get it for you." Another resident told us, "I love it in here."

Staff provided positive feedback about their experience working in the home. Staff told us, "I like working in here" and reported they had good support from the manager.

A relative spoken with told us they were happy with the care their family member was receiving in the home, they said “she is always very happy, I have no issues.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 31 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure residents personal care and grooming needs are met.	Met
	Action taken as confirmed during the inspection: It was observed that there were improvements in resident’s presentation. Residents were clean, neat and tidy; dressed appropriately for the time of year. This area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 19 (1) (a) (k) Stated: First time	The registered person shall ensure a contemporaneous record is kept of all care provided to a resident, with specific reference to personal care and showering records.	Partially met
	Action taken as confirmed during the inspection: A sample of care records evidenced that improvements had been made in the recording of personal care interventions. However, gaps were evident in some care records, for example; nail-care was not consistently recorded. This area for improvement has been partially met and will be stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 27.1	The registered person shall submit a time bound action plan to RQIA, outlining the plans to address the deficits identified on	

Stated: First time	inspection in relation to the premises and environment.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 27 (3) Stated: First time	The registered person shall ensure call bells are left within reach for residents to access, unless a risk assessment identifies this is unsuitable; alternative arrangements to be made.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Care Delivery and Quality of Life

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Residents spoke positively about the staff and the care they received; one resident described staff as "excellent." Observation of one staff member's interaction with residents was shared with the manager for action as appropriate.

It was observed that residents had access to call bells which were left within reach. Residents who were able to make their wishes known told us they did not have to use the call bell often as staff were accessible if they required assistance.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Residents were observed to be comfortable in their surroundings, seated in communal areas or their bedrooms based on their own preferred choice. Activities were taking place in the lounge throughout the day and a number of residents were observed participating and enjoying the singalong which was taking place.

5.2.2 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was generally clean, neat and tidy, there was also evidence of refurbishments which are currently ongoing.

There was evidence of a malodour in one identified bathroom which was addressed by staff immediately. One staff member was observed to be wearing the incorrect Personal Protective Equipment (PPE) when disposing of clinical waste. A discussion took place with the manager and an action plan was agreed. RQIA were assured with the actions agreed and this will be reviewed at a future inspection.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents and relatives said that cleaning staff were in attendance daily and that the home was kept clean and tidy.

6.0 Quality Improvement Plan/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**.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Cheryl Palmer, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) (k)</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection (5 March 2024) and ongoing</p>	<p>The registered person shall ensure a contemporaneous record is kept of all care provided to a resident, with specific reference to personal care and showering records.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff supervision and safe care huddles have been completed with all care staff to ensure all aspects of personal care provided are evidenced in each residents care documentation. The Registered Manager will continue to review a selection of personal care records during the daily walk round and if deficits are identified these will be immediately addressed with relevant staff.</p>

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



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