

Unannounced Care Inspection Report 12 November 2020



Rosevale Lodge

Type of Service: Residential Care Home (RCH)

Address: 173 Moira Road, Lisburn, BT28 1RW

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Inspector: Bronagh Duggan

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 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 residential care home registered to provide residential care for up to 36 residents.

3.0 Service details

Organisation/Registered Provider: Healthcare Ireland Belfast Ltd Responsible Individual: Amanda Celine Mitchell	Registered Manager and date registered: Mayvelyn Talag 1/05/2018
Person in charge at the time of inspection: Mayvelyn Talag	Number of registered places: 36 RC-I for one identified resident and RC-A for one identified resident
Categories of care: Residential Care (RC) DE- Dementia I – Old age not falling within any other category. A – Past or present alcohol dependence.	Number of residents accommodated in the residential home on the day of this inspection: 33

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

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	0

There were no new areas for improvement identified as a result of the inspection. 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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 20 residents, five staff and the manager. The regional manager was also present during and at the conclusion of the inspection. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with "Tell us" cards which were then placed in a prominent position to allow residents 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. There were no completed questionnaires returned within the identified timescale.

The following records were examined during the inspection:

- Duty rotas
- Two care records
- Staff training matrix
- A selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- Complaints and compliments records
- Incident and accident records
- Certificate of registration

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 18 February 2020.

Areas for improvement from the last care inspection		
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure that the areas outlined in section 6.3 in regards to the home's environment are addressed.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of the environment showed the areas identified during the previous inspection had been improved upon. In addition a full environmental improvement plan was in place which included refurbishment plans for the home. The manager confirmed the plan was due to be implemented in the coming weeks.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person shall ensure that advice is sought form infection prevention and control regarding the decontamination of equipment in the sluice room.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed a representative from the Infection Prevention and Control Team visited the home and provided information with regards to the decontamination of equipment. Additional information was also made available and stored in a folder available to staff.	

<p>Area for improvement 3</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person shall that medicine keys are securely held by staff.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Observations made during the inspection confirmed medicine keys were being held securely by the person in charge.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that recordings in progress notes are improved in relation to head injuries and the post management care provided for a head injury is recorded.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of a sample of records showed these were adequately maintained in relation to head injury and the post management care provided.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care in relation to behaviour that challenges is individualised for the resident.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of care records showed an individualised care plan was in place with regards to behaviour that challenges.</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily recording charts for food and fluid, bowels and personal care are fully completed.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager confirmed this issue had been raised with staff. Review of a sample of recording charts showed that they were being completed appropriately.</p>	

6.2 Inspection findings

6.2.1 Staffing

During discussion the manager outlined the staffing levels for the home. Staff duty rotas for the period of 2 November 2020 until 15 November 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and showed the person in charge.

Discussions with staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. The manager outlined the planned staffing arrangements in the home which included a team leader and senior care assistant or two senior care assistants daily to help support care staff. The manager advised domestic cover had increased in recent months to ensure greater focus on infection prevention and control (IPC) measures during the Covid 19 pandemic. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed resident's needs were being met, there were no concerns observed with regards to staffing levels on the day.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements in the home with regards to safeguarding and the homes whistleblowing procedure. Staff confirmed they were aware of who to contact if they had any concerns. Staff spoken with confirmed there was good team working and communication of information.

Comments received from staff included:

- “There is good teamwork here.”
- “I like coming to my work, I enjoy my job.”
- “It is a good place to work, everyone works well together.”
- “It can be stressful, but im content. I love my job, the team works well together.”

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; the manager confirmed anyone entering the home had to follow the regional guidance including having temperature checked and recorded as well as completing a relevant self-declaration with regards to current Covid 19 status.

The manager confirmed all residents and staff had temperatures taken twice daily. This information was then recorded. Records available in the home confirmed this. PPE supplies and hand sanitization stations were observed throughout the home. The manager advised some sanitization stations were due to be replaced with new models, the replacements were observed in the home. The manager confirmed plans were in place to have them erected in the near future. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussion with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Domestic staff was observed cleaning touch points at different intervals throughout the day. The manager confirmed arrangements were in place to ensure enhanced touch point cleaning was completed during the night also.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included communal living areas, dining room, bathrooms, toilet areas and a sample of bedrooms. We found patients bedrooms were decorated and personalised with individual interests and personal mementos displayed. It was noted from inspection of resident's bedrooms that at least four bedrooms did not have an appropriate call bell system in place. This issue was discussed with the manager who provided evidence during the inspection that the issue had been identified; the devices were on order and due to be delivered to the home.

The manager advised there was an environmental improvement plan in place which included the refurbishment of different parts of the home. A copy of the environmental plan was available to review during the inspection. The manager advised the work was due to commence before the end of November 2020. Progress with the environmental improvement work shall be followed up at the next inspection.

6.2.4 Care delivery

Staff practice was observed in the home; interactions with residents were warm and friendly. Staff showed good knowledge of resident's individual needs. Staff spoken with shared that they were aware of the need to observe non-verbal communications due to the communication challenges of some of the residents.

Residents were well presented with obvious time and attention given to their personal care. Staff explained how residents were supported individually and that they were aware of their personal preferences.

An activities therapist was present for part of the day; residents were encouraged to participate in music based activities in one of the communal sitting rooms. Residents were observed as being seated at a social distance.

Throughout the day some residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms. Residents appeared comfortable; staff were available to meet their needs.

Residents were encouraged to socially distance during lunch. Numbers of residents using the dining rooms were reduced the manager advised this was in keeping with advice from the IPC team. The majority of residents were supported to have their lunch in their bedrooms. Meals were covered appropriately, during transportation. The positioning of some trays was discussed

with the manager who confirmed the issue would be addressed with staff. Meals presented looked very appetising; residents were offered a choice of main course.

In keeping with their level of understanding residents indicated they were happy with their life in the home. For those that could not communicate their views they were observed as being comfortable and well presented.

Comments from residents included:

- “I like it alright.”
- “Am doing ok, wondering will it (Covid 19) be over by Christmas, just to get out again.”
- “We are well looked after, we miss our family, we can’t see them, but talk to them on the phone.”
- “I am happy enough, staff they are always about if you need them.”
- “The food is good, no complaints.”

The manager advised on the day of the inspection that visiting arrangements were being reinstated in keeping with relevant guidance. The manager explained how visits were managed through a booking system. In addition the manager advised residents were supported to maintain contact with relatives through phone calls and video technologies. The manager confirmed visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records

A sample of two care records was reviewed; review of records showed that they included an assessment of needs, risk assessments, care plans and regular evaluation records. Information from other health professionals including for example Speech and Language Therapy (SALT) were included in the care records. Records reviewed showed ongoing district nurse involvement as necessary in relation to supporting residents with identified conditions.

Records reflected the individual preferences of patients including, for example, food and activity preferences and preferred rising and retiring times. Care records were reviewed and updated on a regular basis or as any changes occurred.

6.2.6 Governance and management arrangements

The manager confirmed she retains oversight of the home. The manager advised she felt well supported in recent months by regional and senior management within the organisation during both the Covid 19 pandemic and during the transition of the home to a new registered provider. Staff spoken with confirmed they were kept informed of changes as they happened and information was readily available with regards to the latest Covid 19 guidance.

Records available in the home showed a range of audits and checks were being completed on a regular basis. A sample of audits were reviewed these included accident and incidents, falls, complaints, the use of restraint, residents dining experience, care plans and risk assessments. The manager confirmed any areas for improvement would be actioned accordingly.

Review of the staff training matrix showed training was being completed and monitored on an ongoing basis. The manager advised training had been completed online only in recent months due to the restrictions in place in relation to Covid 19.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary. We noted one incident had not been reported to RQIA as would have been expected. The information was shared with other relevant bodies as required. The manager was advised to forward the notifications to RQIA retrospectively.

A review of staff Northern Ireland Social Care Council (NISCC) information showed there was a system in place to monitor staff registration with their professional body. The manager confirmed staff registration was monitored on an ongoing basis.

There was a system in place regarding the management compliments and complaints. There had been no complaints received since the previous inspection. A number of thank you cards and messages of appreciation from families and representatives of residents had been received in recent months.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports for August, September and October 2020 were reviewed they included an overview of the working practices in the home. An action plan had been developed within these reports to address any issues identified. Records showed when the actions had been achieved.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, IPC, and the completion of regular audits.

Areas for improvement

There were no new areas for improvement identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Residents looked well cared for and spoke positively about living in the home. Staff helped residents maintain communication links with their relatives.

We recognise that the home has undergone a recent change of provider whilst at the same time dealing with the challenges from the Covid 19 pandemic. Stable management arrangements have been maintained throughout this period.

There was evidence of ongoing plans for change and improvement, which shall be followed up at a future inspection. We recognise the efforts of management and staff to ensure the continuity of care during recent months.

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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