

# Inspection Report

14 February 2023



## Rosevale Lodge

Type of service: Residential Home  
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

<b>Organisation/Registered Provider:</b> Healthcare Ireland (Belfast) Ltd  <b>Responsible Individual</b>  Ms Amanda Mitchell	<b>Registered Manager:</b> Cheryl Palmer  <b>Date registered:</b> Not Registered
<b>Person in charge at the time of inspection:</b> Cheryl Palmer until 10.30 am Karen Agnew Regional Manager	<b>Number of registered places:</b> 36  RC-I for one identified resident and RC-A for one identified resident.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides social care for up to 36 persons. The home is situated on the first floor of a two story building and provides care for people with dementia. There is also a registered Nursing Home under the same roof and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 February 2023 from 10:00 am until 18:00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents 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.

Observation showed that staff promoted the dignity and well-being of residents and were knowledgeable of residents' care needs to enable them to deliver safe and effective care. There was a good working relationship between staff and management.

Areas for improvement were identified and can be found in the Quality Improvement Plan (QIP) (Section 7.0).

Comments received from residents and staff, are included in the main body of this report.

The findings of this report will provide the Registered Person 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 inspection report, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents, and staff were asked for their opinion on the quality of the care; and their experience of living, or working in this home. 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.

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.

At the end of the inspection the Regional Manager was provided with details of the findings.

### **4.0 What people told us about the service**

Residents, staff, and residents' relatives were consulted during the inspection. In accordance with their capabilities residents spoke in positive terms about the care they received and their life in the home.

Staff said there was good teamwork and they were well supported by the management of the home.

Staff told us that the residents' needs were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

Residents relatives were mostly positive regarding the services provided in Rosevale Lodge all comments were passed to the manager for review.

It was noted there was enough staff in the home to respond to the needs of the residents in a timely manner. Staff were satisfied with the staffing levels and the level of communication between management and staff.

One completed relatives questionnaire was returned and the response was brought to the attention of the manager for information and action as required. No feedback from the staff online survey following the inspection.

**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 27 July 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure meals and the mealtime experience are fully reviewed to ensure a comfortable and pleasant experience with specific attention given to the individual needs and preferences of residents and how the food is served.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time	The registered person shall ensure the assessment of needs for the identified patient is reviewed and updated to clearly reflect their identified needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the identified environmental issue are addressed:</p> <ul style="list-style-type: none"> <li>• Handle on window in lounge should be repaired</li> <li>• Skirting on the identified corridor area should be replaced</li> <li>• Shower chair should be improved upon or replaced.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced that this area for improvement was met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a structured programme of varied activities and events related to the statement of purpose and identified needs of residents is provided.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection evidenced this area for improvement was not met and is stated for a second time. This is discussed further in section 5.2.3</p>		

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at recruitment a review of records evidenced that pre-employment checks had been completed prior to the staff member commencing in post. However, deficits were identified in one record viewed whereby the reference was not requested from the previous employer and gaps in employment were not fully explored. This was discussed with the regional manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics and regular staff meetings were held. Competency and capability assessments were in place for any staff left in charge of the home in the manager's absence.

Staff said there was good team work and that they felt well supported in their role. They were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that staffing levels were usually maintained, and if there was a short notice absence every effort would be made to get cover.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the resident's needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs 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. For example, staff were observed supporting residents on an individual basis and taking time to listen carefully to requests.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Deficits were identified in the provision of oral care and cleaning of some residents' tooth brushes. This was discussed with the regional manager and assurances were provided to RQIA following the inspection as to how this was addressed with staff and was being monitored going forward.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, following assessment some residents were found to require specialist equipment the use of which was reflected in individual residents care records. Equipment was observed as being available as required.

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 is an opportunity for residents to socialise, during the inspection it was noted that some residents accessed the dining rooms, while other residents had their meals in their bedrooms. Staff advised meals were served in both dining rooms and bedrooms if they chose. The menu on display in both dining rooms had not been updated to reflect the meal on offer, this was addressed by staff and discussed with the manager following the inspection who advised she had addressed this with staff.

The food provided to residents was good sized portions and was well presented. Residents told us they enjoyed their meal.

There was a variety of drinks available for residents throughout the day. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Input from dietetics was reflected in care records where required.

Residents confirmed they were content living in the home and comments received included "I can't complain, everyone is pleasant here", "I like it here" and "It is a lovely place I'm getting on well."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were generally well maintained and regularly reviewed and updated to ensure they continued to meet the patients' needs. For one record for a resident who was assessed to be at risk of falls no care plan was in place. This was addressed at the time of inspection. The manager told us that a review of all the residents care records is currently ongoing to ensure all records are updated. Progress with this shall be reviewed at a subsequent inspection.

Residents' individual likes and preferences were reflected within personal profile information. Care plans contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that there had been a number of environmental improvements since the previous inspection including redecoration of the toilets and bathrooms. The regional manager advised that there were further plans to continue the redecoration in the home.

A review of equipment in the home such as raised toilet seats, dining room chairs and one identified arm chair in a resident's bedroom had not been effectively cleaned as well as the edging of some of the bedroom floors. This was discussed with the regional manager and an area for improvement was identified.

Residents' bedrooms were personalised with items important to them. Call bells were positioned appropriately for easy use.

Fire safety measures were in place and managed to ensure residents, staff and visitors to the home were safe.

The most recent fire safety risk assessment had been completed in September 2023 and records showed that no recommendations had been made from this.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Residents confirmed that they were offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where they wished to spend their time.

Observations during the inspection showed some residents relaxed in their bedrooms while others were in the communal lounge areas. Residents had the opportunity to watch television, others were observed engaging in conversation. The manager told us they were currently recruiting an activity therapist and that activities were not being provided as regularly as before. This was confirmed through observation and discussion with residents and staff. However, in one lounge a group of residents were observed enjoying a musical activity during the afternoon. The provision of activities was discussed with the regional manager as was the benefit of ensuring residents had ample opportunity to participate in a range of different activities and events. An area for improvement was stated for a second time.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Cheryl Palmer has been acting manager of the home since 19 January 2023.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. A sample of audits was provided to the inspector following the inspection however whilst deficits were identified, a time bound action plan was not always developed to address the issues. This was discussed with the manager who told us that she would ensure this was in place going forward. Audits will be further reviewed at the next inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager outlined the appointed safeguarding champion arrangements for the home. It was established that there were systems and processes in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. Review of the home's record of complaints confirmed that these were managed appropriately and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.



A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the manager and described them as supportive and approachable.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 7.0 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 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	2*

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

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the environmental IPC issues identified at this inspection are addressed.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The identified areas have now been cleaned and an infection control audit and an environmental cleanliness audit are being completed monthly. Remedial action plans are formulated as required and issues addressed within the specified timeframe for completion.</p> <p>Spot checks are completed during the Home Managers walk round and by the Regional Area Manager during Regulation 29 visits. Any deficits identified will be addressed at the time.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 May 2023</p>	<p>The registered person shall ensure a structured programme of varied activities and events related to the statement of purpose and identified needs of residents is provided.</p> <p>Ref: 5.1 and 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A new Activity Leader has been appointed and a new structured program of activities commenced. The weekly planner will be displayed and feedback on the choice and variety of these will be discussed at resident and relative meetings.</p> <p>Activities will continue to be monitored by the Registered Manager and reviewed during the monthly Regulation 29 visits.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the references requested when recruiting an employee includes one from the applicants present or most recent employer and that any gaps in recruitment are explored.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Healthcare Ireland recruitment procedure will be adhered to which includes obtaining a reference from the applicants most recent employer and confirmation that any gaps in employment have been discussed and a record retained to evidence this.</p> <p>Spot checks of personnel files will take place during the Regulation 29 monitoring visit and any deficits identified will be included in the reports action plan.</p>

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



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