



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 18 February 2020



## Rosevale Lodge

**Type of Service: Residential Care Home**  
**Address: 173 Moira Road, Lisburn BT28 1RW**  
**Tel no: 02892604433**  
**Inspector: Elizabeth Colgan**

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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 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

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Mayvelyn Talag 31 May 2018
<b>Person in charge at the time of inspection:</b> Greta Spindlow, person in charge	<b>Number of registered places:</b> 36
<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>Total number of residents in the residential care home on the day of this inspection:</b> 34

### 4.0 Inspection summary

An unannounced inspection took place on 18 February 2020 from 09.35 hours to 15.05 hours.

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 staffing, staff recruitment, supervision and appraisal, training and the home's ethos.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), the safe retention and control of medicine keys, the home's environment and care records.

Residents described living in the home as being a good. Residents 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 residents, 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
<b>Total number of areas for improvement</b>	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Greta Spindlow, person in charge, 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 9 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 9 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

### 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. No completed questionnaires were returned by staff, residents or resident's representatives.

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

- staff duty rotas from 10 February to 1 March 2020
- staff training matrix
- two staff recruitment and induction records
- two staff supervision and appraisal records
- four residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- minutes of residents meetings
- Northern Ireland Social Care Council (NISCC) registration information
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider

- RQIA registration certificate

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 areas for improvement from the last care inspection dated 9 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff and review of documentation indicated that relevant written consents were available.	

## 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 to the home we were welcomed by staff who were attentive and friendly. 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.

The staff duty rosters reviewed accurately reflected the number and names of staff on duty over the twenty four hour period and capacity in which they worked. The senior care assistant and staff spoken with stated they had no concerns regarding staffing levels.

The system and process in place for the recruitment and selection of staff were satisfactory and in accordance with statutory employment legislation. Review of two recruitment records 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 we were informed that this was reviewed by the 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.

Staff training schedules reviewed evidenced that mandatory training was being provided alongside additional professional development training. Staff training in adult safeguarding was also 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.

We were informed that there was a policy and procedure on restrictive practice/behaviours that challenge which was in keeping with current legislation and reflected best practice guidance on Deprivation of Liberty Safeguards (DoLS). After the inspection the manager confirmed that she had completed level three DoLS training and all staff had completed Level 2.

On review of the environment it was positive to note that fire doors were closed and exits were unobstructed. 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 and bedrooms were personalised with items of memorabilia displayed. Fire doors were closed and exits unobstructed. There were a number of issues identified for improvement as follows:

- The seat cushions of two armchairs in an identified lounge were worn and soiled.
- The seat cushion of a large armchair in another lounge was worn and soiled.
- An identified bedroom did not have a vanity unit at the sink (all other bedrooms had a vanity unit in place).
- The wallpaper at dining room (2) was missing and torn.
- There was a strong malodour on entering the home.

These areas were discussed with the manager after the inspection and an area for improvement was made.

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. However it was observed that the sluice room did not have an appropriate decontamination equipment sink only taps above the sluice hopper. When asked staff could not adequately describe how they decontaminated equipment such as commode pots. After

the inspection this was discussed with the manager, who agreed to contact the company's IPC specialist for advice to ensure safe practice. This was identified as an area for improvement.

During the inspection we observed unsupervised access to medicine keys which were left in the medicine trolley during transit and during administer of medication in the dining area. This was discussed with the senior care assistant during the inspection and later with the manager. An area for improvement was made.

### Areas of good practice

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

### Areas for improvement

Areas were identified for improvement in relation to infection prevention and control (IPC) the safe retention and control of medicine keys and the home's environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 6.4 Is care effective?

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

Staff responded promptly to the residents' needs. 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.

There was evidence within four residents' care records reviewed that risk assessments were completed and reviewed on a regular basis and care records were generally maintained in line with the legislation and standards. However in three of care records reviewed there were areas identified for improvement. In one care record a body map had been completed following a fall resulting in a head injury; however, the fall and the post falls management had not been recorded in the resident's progress notes. This was discussed with the senior care assistant and identified as an area for improvement.

In another care record the care plan for a resident with behaviour that challenges had not been individualised to appropriately direct staff on how to manage the residents' behaviours and an area for improvement was made.

We reviewed daily recording charts for food and fluid, bowels and personal care for three residents which evidenced that they had not been fully completed. Discussion with staff indicated that they were unable to complete these records contemporaneously due to other work commitments. This was discussed with the manager who agreed to review this with staff and an area for improvement was made.



There was good evidence of effective team work staff confirmed they were kept up to date with any changes and the team worked well together within the home. Staff also advised they were kept up to date regarding any changes during handovers at the beginning of each shift. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's manager was "very approachable".

### Areas of good practice

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

### Areas for improvement

Three areas were identified for improvement in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

#### 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 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, and very nice."

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.

An activities therapist has been appointed 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 was available for use during activity sessions.

The serving of the midday 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 and residents were provided with a choice of meals to suit their individual dietary requirements. Staff were present throughout the meal supervising and assisting residents as required. The menu choices for the day including lunch and tea were displayed in each of the dining rooms.

There were no completed questionnaires returned from staff, residents or their representatives.



## 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 the residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 staff arrangements and governance systems in place within the home. The staff advised that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance.

The staff advised there had been no change in the organisational structure of the home since the previous inspection. Staff we spoke with demonstrated a good understanding of their roles and responsibilities. Staff confirmed that they found the manager to be supportive if they had any issues. 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 staff advised 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.

Audits of accidents/incidents, nutrition, medication, complaints, infection prevention and control including hand hygiene and environment were undertaken. Due to the number of deficits identified during the inspection in relation to the environment and IPC the manager should review the effectiveness of these audits to ensure that they provide a more robust overview of the homes environment and IPC practices. This will be reviewed at a future inspection.

Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider. Review of reports 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.

Review of records in the home and discussion with the manager confirmed there were regular staff meetings and that information was shared with the staff team about any issues arising.

Discussions with 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
<b>Total number of areas for improvement</b>	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 Greta Spindlow, person in charge, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> 18 March 2020	<p>The registered person shall ensure that the areas outlined in section 6.3 in regards to the home's environment are addressed.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The home already has airsterilisers/neutralisers put up in different strategic areas. The torn wall paper had been removed and wall repainted. Few bedroom and lounge chairs identified have capex authorised for replacement by FSHC management prior to this visit.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time  <b>To be completed by:</b> 18 March 2020	<p>The registered person shall ensure that advice is sought form infection prevention and control regarding the decontamination of equipment in the sluice room.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The home has a sluice hopper with taps above and a designated hand wash sink. They also have a soap dispenser and solution for decontamination of commodes when needed. Currently no resident is using commode in the home because residents who remain continent are still able to manage and use the toilet during the day and night.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> 18 March 2020	<p>The registered person shall that medicine keys are securely held by staff.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Seniors have been reminded that keys should be kept in their possession at all times even when doing their medicine rounds. Team Leader and Home Manager to monitor.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 March 2020</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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Pertinent details of any incident like head injuries following a fall are always documented in progress note and care plan by the Seniors. Care plan, falls risk assesment, post fall report and body map are contemporaneously completed for every incident as well. Post management of care provided for any incidents like head injuries are then detailed on the appropriate care plan to reflect the current plan of care to the resident following a head injury.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 18 March 2020</p>	<p>The registered person shall ensure that care in relation to behaviour that challenges is individualised for the resident.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The resident who sustained a skin injury due to the resident's behaviour were documented into 2 separate care plans already in place. The skin injury sustained by the resident was documented on the care plan pertaining to skin integrity and another recording completed in the behavioural care plan where it outlines the person centred care or individualised care/intervention for this resident.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 18 March 2020</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>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been reminded that when resident is refusing delivery of care, this refusal has to be reflective on the personal hygiene form. That the total fluid intake on the daily Food and Drink charts of the residents have to be calculated and recorded daily on the space provided. Team leader and Home manager to monitor regularly. The Bowel chart for those residents who are continent already have a care plan in place to justify the Bowel records.</p>

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



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