

Inspection Report

27 July 2021



Rosevale Lodge

Type of Service: Residential Care Home
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Healthcare Ireland (Belfast) Ltd Responsible Individual: Amanda Celine Mitchell	Registered Manager: Mayvelyn Talag Date registered: 01/05/2018
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) 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 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.	

2.0 Inspection summary

An unannounced inspection took place on 27 July 2021 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.

Areas requiring improvement were identified in relation to the mealtime experience, care records, activities provision and some general environmental improvements.

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.

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

RQIA were assured that the delivery of care and service provided in Rosevale Lodge was safe, effective, compassionate and that the home was well led.

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 and 'Tell Us' cards 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 Registered Manager was provided with details of the findings. The Responsible Individual also joined through telecommunication.

4.0 What people told us about the service

During the inspection we spoke with 17 residents and six staff. In accordance with their capabilities residents spoke in positive terms about the care they received and their life in the home.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory training in a range of topics including safeguarding and had also completed training in dementia awareness.

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

The duty rota identified the person in charge of the home in the managers absence.

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

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.

No completed questionnaires were returned and we received 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?

The last inspection to Rosevale Lodge was undertaken on 12 November 2020 by a Care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

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 very 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 resident's 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, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

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's rooms and bedrooms to ensure social distancing for residents.

The food provided to residents was good sized portions however it was noted that the presentation could have been improved upon. In addition feedback from two residents on the day showed they were dissatisfied with the food provided. This feedback was shared with the manager who confirmed comments received would be shared with the cook.

Observations of the lunch time experience showed two residents had reduced ability to assist themselves and would have benefitted from extra observation and support during this time. This issue was discussed with the manager who advised staff would regularly check on residents having their meals in their bedrooms and that staff would monitor resident's food and drink intake. The need to ensure the mealtime experience is fully reviewed to ensure a better quality of experience for residents and in addition ensure there is regular supervision and support for residents at mealtimes was discussed with the manager. An area for improvement was identified.

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 in keeping with their level of understanding confirmed they were content living in the home comments received included "It is very good, the food is very good", "I like it here" and "There is good people that call in, check everything".

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. However it was noted from one of the care records reviewed information relating to a residents assessment of needs had not been fully completed. This issue was discussed with the manager, an area for improvement was identified.

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. The need to ensure the outcome of test results was clearly recorded was discussed with the manager.

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 the paintwork in general areas of the home such as the reception area, corridors and handrails. The home was warm, clean and tidy.

Residents' bedrooms were personalised with items important to them. Call bells were positioned appropriately for easy use. Dining rooms and communal areas were well decorated and suitably furnished, the daily menu was clearly displayed.

Some areas within the environment were observed to be in need of repair these included the handle on an identified widow, skirting on the main corridor and an identified shower chair should also be improved upon or replaced. An area for improvement was identified.

The most recent fire safety risk assessment had been completed in November 2020 records showed any recommendations made had been actioned.

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.

For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Patients

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. There were no planned activities observed during the inspection, this issue was discussed with staff who confirmed there were currently not many planned activities happening in the home. This issue was discussed with the 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 identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place in keeping with regional guidance with positive benefits reported for the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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.

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 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. One staff member shared their view that the manager was "the best manager they had ever worked for".

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.

6.0 Conclusion

Based on the inspection findings and discussions held we were satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

As a result of this inspection four areas for improvement were identified in respect of the mealtime experience, care records, the environment and activities provision. Details can be found in the Quality Improvement Plan included.

Residents were comfortable, and content within the environment, interactions between staff and residents were warm and friendly. Staff were seen to be attentive and care was delivered in a compassionate manner.

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' Minimum Standards (August 2011)**.

	Regulations	Standards
Total number of Areas for Improvement	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mayvelyn Talag, registered 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 Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 7 August 2021	<p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The residents are encouraged to go to the dining room for their meals to ensure a pleasant and comfortable experience. Menus are reviewed seasonally in line with residents choices and likes. A menu option sheet is completed prior to food service. Meals are delivered at point of service so a resident may change their mind and have an alternative choice. A dining audit is completed monthly . Food service is monitored on daily managers audit and monthly provider visits</p>
Area for improvement 2 Ref: Standard 5.5 Stated: First time To be completed by: 28 July 2021	<p>The registered person shall ensure the assessment of needs for the identified patient is reviewed and updated to clearly reflect their identified needs.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The identified patient assessment of needs has been reviewed and updated. All care plans are kept under review through internal audit and inspection to ensure resident needs are reflected.</p>
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 27 August 2021	<p>The registered person shall ensure the identified environmental issue are addressed:</p> <ul style="list-style-type: none"> • Handle on window in lounge should be repaired • Skirting on the identified corridor area should be replaced • Shower chair should be improved upon or replaced. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Identified environmental issues have been fully addressed: * Handles on identified windows in the lounge were repaired by the central team. *Missing skirting on the identified area has been replaced * One shower chair ordered and replaced.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: 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>Ref: 5.2.3</p>
<p>To be completed by: 4 August 2021</p>	<p>Response by registered person detailing the actions taken: There is weekly programme of varied activities on display. Residents are encouraged to participate taking into account their preferences. Residents meeting are held quarterly to identify what activities they would like to have in the home. This will be monitored through internal and audit and inspection.</p>

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