

Inspection Report

31 July 2023



Rosevale Lodge

Type of service: Residential Care Home
Address: 173 Moira Road, Lisburn, BT28 1RW
Telephone number: 028 9260 4433

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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 (Belfast) Ltd Responsible Individual Ms Amanda Mitchell	Registered Manager: Mrs Cheryl Palmer Date registered: 20 June 2023
Person in charge at the time of inspection: Mrs Cheryl Palmer	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 a registered nursing home on the ground floor and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 31 July 2023 from 10.15 am to 5.00 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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.

Staff were observed to be engaging and promoting social opportunities for residents through planned activities.

Areas requiring improvement were identified relating to personal care standards, maintenance of the premises, call bells and record keeping. Addressing the areas for improvement will further enhance the quality of care and services in Rosevale Lodge.

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 who were able to provide feedback were generally positive about their experiences in Rosevale Lodge. One resident told us, "staff are great, they're very good to me."

A visitor spoken with reported to be, "very happy" with the care their relative receives in Rosevale Lodge. The visitor told us, staff are attentive and provide assistance with personal care if it is required.

Staff told us they enjoyed working in Rosevale lodge and found there to be positive changes with the transition of the new manager.

No questionnaires were received from residents, relatives or staff following the inspection and we received no responses from the online survey.

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 6 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 (7) Stated: First time	The registered person shall ensure that the environmental IPC issues identified at this inspection are addressed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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 13 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 19 Stated: First time	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.	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 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

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

The staff duty rota accurately reflected 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.

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 residents' 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.

One relative told us, staff are attentive to resident's needs, available to offer support and listen.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be respectful in their distribution of tea and coffee, offering residents choice and options.

Observation of residents' presentation evidenced a lack of attention to detail. Some residents did not have their hair brushed and some required support in promoting appropriate clothing and personal hygiene standards. This was discussed with the manager and an area for improvement was identified.

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

Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Residents who are less able to mobilise require special attention to their skin care. If required care staff consulted the District Nurse and followed the recommendations.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service or their GP.

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. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. 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 choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor for weight loss or gain.

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.

Deficits were noted in record keeping as the residents' care records were not always completed in full. For example, when a resident refused a shower or support with personal care, this was not always reflected in the care records. This was discussed with the manager and an area for improvement was identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. However, general wear and tear was noted to the paintwork, handrails, fireplace and furniture. The environment was sparsely decorated in one of the main lounges. This was discussed with the manager and identified as an area for improvement.

Work was required to some aspects of the home to promote a safe environment. A light was not fully attached to the ceiling and a lead was noted to be hanging from the ceiling. There was evidence provided showing these had been repaired following the inspection.

Residents bedrooms were personalised with items important to the resident. Bedrooms were decorated and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records and observation of practice confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed 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

Staff were observed offering choices to residents throughout the day which included preferences for food and drink options and where and how they wished to spend their time.

An orientation board was displayed with details on the day, month and time of year. There was also an activities board on display to inform residents on the planned activities for the next month. This is good practice.

A number of call bells were observed not within reach for a number of identified residents. This was discussed with the manager and identified as an area for improvement. Assurances were provided following the inspection that call bells were in place for those residents who could manage them.

There was a range of activities provided for residents including; singalongs; arts and crafts; morning hymns; armchair exercises and reminiscence work. The activity co-ordinator was leading a singalong with the residents and a number of residents were observed participating and engaging; singing and dancing alongside the music. Residents were observed to be enjoying this.

One resident told us, “staff are great”, “they are very good to me.”

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Cheryl Palmer has been the manager in this home since 23 January 2023.

There was evidence that a 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 discussion took place with the manager to ensure were action plans are identified, that these are time bound and signed off when completed. This will be 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, Mary Stevenson was identified as the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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. These are available for review by residents, their representatives, the Trust and RQIA.

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) 2022 and the Residential Care Homes Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs 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	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: From the date of inspection	The registered person shall ensure residents personal care and grooming needs are met. Ref: 5.2.2 Response by registered person detailing the actions taken: Daily personal hygiene audits are being completed. The importance of this has been raised with staff at safe care huddles. The home manager and team leader will continue to monitor daily
Area for improvement 2 Ref: Regulation 19 (1) (a) (k) Stated: First time To be completed by: From the date of inspection	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. Ref: 5.2.2 Response by registered person detailing the actions taken: Staff have been reminded via safe care huddles that contemporaneous records must be maintained. These are being spot checked by the team leader. New documentation is currently being introduced
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 29 September 2023	The registered person shall submit a time bound action plan to RQIA, outlining the plans to address the deficits identified on inspection in relation to the premises and environment. Ref: 5.2.3 Response by registered person detailing the actions taken: The manager has completed an environmental audit identifying all areas for improvement which will be shared with the estates manager for initiation. A painting schedule has been commenced.

<p>Area for improvement 2</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>These are all in place and are being spot checked daily. Any call bells removed by residents will be replaced immediately</p>

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