



The Regulation and
Quality Improvement
Authority

Rosedale
RQIA ID: 1375
100 Kilgreel Road
Antrim
BT41 1EH

Inspector: Bronagh Duggan
Inspection ID: IN022356

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**Unannounced Care Inspection
of
Rosedale**

19 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 May 2015 from 10.00 to 15.15. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Anthony Baxter Stevens	Registered Manager: Heather Allison
Person in Charge of the Home at the Time of Inspection: Heather Allison	Date Manager Registered: April 2005
Categories of Care: RC-I	Number of Registered Places: 38
Number of Residents Accommodated on Day of Inspection: 20	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/ Process

Specific methods/ processes used in this inspection include the following:

Prior to inspection the following records were analysed: Notifications of accident and incident records and the previous returned Quality Improvement Plan.

During the inspection we met with 14 residents individually, three care staff, three visiting professionals and four resident's visitors/ representatives.

The following records were examined during the inspection:

- Four care records
- Accident and incident records
- Relevant policies and procedures
- Fire safety risk assessment
- Minutes of residents meetings
- Compliment and complaints records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced care inspection dated 19 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14.(5)	The registered manager must ensure there is a multi-disciplinary assessment undertaken regarding the use of the ramble guard device for the identified resident. This should also reflect the residents consent and or capacity to make an informed choice in relation to the use of the device.	Met

	<p>Action taken as confirmed during the inspection: The registered manager confirmed the identified resident was no longer a resident at Rosedale. The registered manager confirmed she was aware of the need to ensure adequate assessments are in place around the use of any restrictive interventions.</p>	
Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1 Ref: Standard 10.1</p>	<p>There should be a policy in place in the home which relates specifically to meeting the needs of older people who display behaviours that challenge.</p> <p>Action taken as confirmed during the inspection: A policy has been developed regarding the needs of older people who display challenging behaviour. This is currently awaiting approval by the NHSCT.</p>	<p>Met</p>

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Rosedale currently provides care for 20 residents. Up to ten beds in the home are available for residents to access on a short term basis for a period of rehabilitation following discharge from hospital. The registered manager confirmed that permanently placed residents in the home can and do spend their final days of life in the home unless there is a documented health care need that prevents this.

In our discussions with staff they confirmed they work closely with other health care professionals. This includes general practitioners and the district nursing service to ensure that the care delivered is safe and effective. Staff also confirmed that they liaise closely with residents' families and keep family members informed of any change in the residents' condition.

The registered manager advised us that the home meets residents' spiritual needs. Clergy and lay persons visit on a regular basis. Care records are maintained to ensure the residents care and condition is closely monitored.

Is Care Effective? (Quality of Management)

We reviewed four care records. Three of these records included resident's wishes in the event of their death, including spiritual arrangements if so wished, residents views and next of kin details. The fourth care record belonged to a short term resident residing at the home for a period of rehabilitation. This record was found to contain relevant next of kin details and spiritual preferences. The registered manager confirmed that these details are sought for all residents admitted to the home for a short period of rehabilitative care.

The home has a policy and procedure in place for dealing with the death of a resident this included relevant information. On the day of the inspection training was being provided for staff on grief and bereavement by the NHSCT Bereavement Co-ordinator. The purpose of this training was to enhance the skills of staff in the home so as to support residents and their families when dealing with the issues of dying and death.

In relation to handling deceased resident's belongings the registered manager confirmed that these are handled with care and respect. An itinerary of belongings is initially completed for each resident upon admission to the home. Representatives are informed about the removal of deceased resident's belongings; procedures are in place to ensure this happens in a reasonable time period.

Is Care Compassionate? (Quality of Care)

In our discussions with the registered manager and staff they confirmed that the needs of the dying resident are met with a strong focus on privacy, dignity and respect. Information is communicated sensitively to family members who are given time and space to spend with their loved one.

The registered manager confirmed that following the death of a resident other residents are informed in a sensitive manner. Records were available in the home which confirmed this. Residents and staff have the opportunity to pay their respects and are provided with support if needed. The registered manager and staff shared a recent experience of the loss of a resident and the impact on other residents in the home.

In our discussions with staff they confirmed that they had knowledge and understanding of how to care for this area of need. Staff also confirmed there was a supportive ethos with the management of the home, in helping staff to deal with dying and death.

Staff confirmed that relatives of past residents will often return to the home to thank them for their support following the loss of a loved one. The registered manager confirmed that representatives from the home attend the funeral services of past residents.

We reviewed a sample of compliment letters and cards. These were received from families of deceased residents. In these correspondences there were messages of praise and gratitude for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

Areas for Improvement

We identified no areas of improvement in relation to this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed residents' care records which reflected that an individualised assessment and plan of care was in place regarding continence management. Issues of assessed needs are referred to district nursing services. Following this, the district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

The staff members we interviewed confirmed that they had received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, our general observations together with our review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a general policy regarding the assessment and management of continence relating to the community setting. The registered manager informed us that she was working on the development of a policy specifically for the home setting which focused on the maintenance and promotion of continence. This work currently remains ongoing.

We reviewed records which showed staff had completed training in continence awareness. A number of residents in the home are on specific toileting programmes to maintain and promote continence. Resident's individual needs are reviewed regularly. Records available confirmed that identified issues of assessed needs are reported to the district nursing services for advice and direction.

Is Care Compassionate? (Quality of Care)

Continence care was undertaken in a discreet private manner. From our observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff.

Areas for Improvement

We identified no areas of improvement in relation to this standard. This standard was assessed to be safe, effective and compassionate.

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.6 Residents Views

We spoke with 14 residents on an individual basis and others in groups. In accordance with their capabilities, all expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments from residents included:

“It’s like home from home here, I love it”

“There are no complaints from me”.

“It is wonderful here; they are so compassionate, so kind”

“We have all we need here, this is a good place”.

5.7 Relatives/ representatives views

We met with four visiting relatives / representatives who shared their experience of visiting the home. Comments received included:

“We are happy knowing that he/ she is well looked after. He/ she is happy here”.

“You know the staff here really care”.

“This is a good home, the care is good and that is what matters”.

“I can’t speak highly enough of this place”.

5.8 Visiting Professional Views

We spoke with three visiting professionals in the home on the day of the inspection who shared their experiences of visiting the home. Comments from the visiting professionals included:

“It is always great to hear staffs experiences, they are doing all they can to support families”.

“This is one of the best homes that I visit, the staff are very good, they go over and above what you would expect”.

5.9 General Environment

We found that the home was clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were in good order.

5.10 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.

At the time of this inspection we observed no obvious risks within the environment in terms of fire safety.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Heather Allison	Date Completed	11.06.15
Registered Person	Dr Tony Stevens Una Cunning	Date Approved	29.07.15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	30.7.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.