



Unannounced Care Inspection Report

23 January 2019



Rosedale

Type of Service: Residential Care Home
Address: 100 Kilgreel Road, Antrim BT41 1EH
Tel No: 028 9442 9402
Inspector: Bronagh Duggan

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for up to 38 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report. The home provide periods of short term assessment and recovery for residents before discharge either home or onwards to a permanent care placement.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Stevens	Registered Manager: Heather Allison
Person in charge at the time of inspection: Heather Allison	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 38 The home is approved to provide care on a day basis only to 4 persons.

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2019 from 10.30 to 16.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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 infection prevention and control; the home's environment; communication between residents, staff and other interested parties; the culture and ethos of the home; quality improvement; and maintaining good working relationships.

One area for improvement has been stated for a second time regarding the gathering of residents' views and collating these views into a report.

Residents and their representatives shared positive comments with regards to their experience in the home and relationship with staff.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

This inspection resulted in one area for improvement being stated for a second time. Findings of the inspection were discussed with Heather Allison, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, 13 residents, two staff, and two residents' visitors/representatives.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several "Have we missed you" cards were provided for display in the home giving residents and residents' representatives the opportunity to contact RQIA with feedback regarding their experience in the home. Five questionnaires were returned by residents and residents' representatives within the agreed timescale. No staff questionnaires were completed and returned within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedule information
- Staff training schedule and training records
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of Infection Prevention and Control (IPC), NISCC registration
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 most recent inspection dated 5 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 June 2018

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
Area for improvement 1 Ref: Standard 1.6,1.7 Stated: First time	The registered person shall ensure residents are consulted with formally, at least annually, about the quality of care and environment. The findings from the consultation should be collated into a summary report and an action plan developed as necessary. The report should be made available for interested parties to read.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information in the home showed residents had been consulted with formally regarding their experience in the home. The registered manager advised the information was currently being collated into a summary report to be made available for interested parties to read. This area for improvement has been stated for a second time in the QIP appended to this report.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care as the home made repeat block bookings for agency staff familiar with the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of two completed induction records and discussion with the registered manager evidenced that an induction programme was in place for all staff (including agency staff), relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff were regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager confirmed that there had been no recent safeguarding issues in the home, but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken on a regular basis and demonstrated a high level of compliance.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be clean, warm and tidy. During the inspection workmen were in the home repainting and laying new flooring in bedrooms. The registered manager confirmed the work was being done in such a way to minimise disruption to residents. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, and suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 23 May 2018; the registered manager confirmed any recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Two care records were reviewed. They included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care plans and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. The registered manager advised there were weekly multidisciplinary reviews for residents admitted to the home for a period of recovery following hospital stays.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided which to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care records.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. For example, this included questionnaires for residents to complete following their stay at the home; further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to regular care reviews and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, and dignity, and explained how confidentiality was protected. Discussion with staff, residents and their representatives confirmed that residents' needs were met within the home.

Residents were provided with information in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, the daily menu was displayed in the dining room, and residents were supported with information regarding appointments and their plan of care.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Other systems of communication included a suggestion box, questionnaires, and visits by the registered provider.

Residents were consulted with, about the quality of care and environment following their stay in the home. Information available in the home showed questionnaires had been completed by residents; the registered manager advised responses were being collated for the final report which would be available for interested parties to read. This area for improvement has been partially met and is stated for a second time in the QIP appended to this report.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in activities, for example quizzes, games, and watching DVDs. Visitors are also welcome to the home.

Residents and residents' visitors/representatives spoken with during the inspection made the following comments:

- "Everything is tip top, couldn't be better." (resident)
- "It is very good, staff all very helpful, very nice." (resident)
- "To have a place like this (to come to) is great, it really is." (resident)
- "The food is lovely, I am happy with my room, couldn't be better." (resident)
- "It's first class, seems to be a happy place to work, it is very good I couldn't say a word against it."(resident)
- "It has been a good stay, staff kind, good fun, wasn't sure about coming but it has been good." (resident)
- "We can't believe how good it is, it's a great place it really is. Staff are lovely, very down to earth, very approachable. We couldn't be more happy with the service." (resident's representative)
- "It's a great place, (my relative) has really settled in. It's like a big family, nothing but a good experience." (residents representative)

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- "Staff in this home are second to none would love to stay. I also enjoy the food."
- "Excellent care, should be the model for how all older people are cared for."
- "The staff at Rosedale are excellent, very attentive and thoughtful. The home is very welcoming and clean."
- "The best care dad ever received from the manager and all staff."

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 residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

The registered manager outlined the management arrangements and governance systems in place within the home, and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home. There had been no new complaints received since the previous inspection.

The home retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff; for example, the International Dysphagia Diet Standardisation Initiative (IDDSI) information was displayed in the home and staff had completed relevant training. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The registered manager advised a staff member was currently working towards a level four certificate in Principles of Leadership and Management for Adult Social Care.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. Some inaccuracies were noted with regard to the information included within the monitoring reports; this issue was discussed with the registered manager who confirmed she would share this with line management.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that senior management was kept informed regarding the day to day running of the home through regular visits to the home, telephone calls and emails.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the

registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Heather Allison, registered manager, 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.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 1.7</p> <p>Stated: Second time</p> <p>To be completed by: 6 March 2019</p>	<p>The registered person shall ensure the findings from the consultation should be collated into a summary report and an action plan developed as necessary. The report should be made available for interested parties to read.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: completed and available for interested parties to read</p>

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

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