

# Inspection Report

## 24 January 2023



## Rosedale

Type of service: Residential  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Team (NHSCT)	<b>Registered Manager:</b> Ms Geraldine Lindsay – not registered
<b>Responsible Individual:</b> Ms Jennifer Welsh, awaiting application	
<b>Person in charge at the time of inspection:</b> Ms Geraldine Lindsay	<b>Number of registered places:</b> 38
Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential home which provides a stepdown service for rehabilitation following a stay in hospital. The home is on ground floor level and residents have access to communal areas including lounge, dining room and an enclosed courtyard.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 January 2023, from 9.30 am to 1.50 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.

All areas for improvement identified at the last care inspection were assessed as met.

The home was clean, warm, and well-lit, with a relaxed and calm atmosphere.

Residents looked well care for in that attention had been paid by staff to the personal care and dressing needs of residents. Residents looked comfortable in their surroundings and in interactions with staff.

Residents spoke in positive terms about the care and services provided in Rosedale and their comments are included in section 4.0 and throughout the body of this report.

Staff were seen to provide safe and effective care in a compassionate manner. It was evident that staff were knowledgeable and well trained in their roles.

The inspection resulted in no new areas for improvement and RQIA were assured that the delivery of care and services provided in Rosedale was safe, effective, compassionate, and that the home was well led.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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.

### **4.0 What people told us about the service**

During the inspection we consulted with twelve residents and 4 staff. No questionnaires or survey responses were received within the allocated timeframe.

Residents said that they were happy with the care delivery in the home, with some residents attributing progress with their ongoing recovery to the care and treatment they received in the home.

Residents described the staff as "the best", "very helpful", "wonderful", "excellent", and "more than good", and told us that staff were readily available to them when they needed anything.

Residents told us that the food was "excellent", and compared the Sunday menus to Christmas day celebrations. Residents were happy with the cleanliness of the home and said that visiting arrangements were in place and working well.

Staff told us that they were happy working in the home and were satisfied with the staffing levels. Staff said they were kept informed about the needs of residents and the running of the home and were provided with training to support them to deliver effective care.

## 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 29 July 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure that all areas of the home containing materials hazardous to health are secured when unsupervised in keeping with COSHH legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 25 Criteria 3  <b>Stated:</b> Second time	The registered person shall ensure that all competencies and capability assessments for any member of staff being in charge of the home in the absence of the manager are up to date and regularly reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27 Criteria 8  <b>Stated:</b> First time	The registered person shall ensure that continence products are stored in line with manufacturer's guidance and maintained within infection prevention and control standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There was a system in place to ensure staff were recruited safely and showed that all pre-employment checks had been completed and verified prior to staff commencing post. The Manager had oversight of the Northern Health and Social Care Trust's (NHSCT) recruitment dashboard for managerial review and assurance.

New staff were provided with a comprehensive induction to their role and had protected time to work alongside more experienced staff to become familiar with the home's policies and procedures. During the inspection we spoke with a student social worker who described the atmosphere as conducive to learning.

The Manager conducted monthly checks to ensure staffs' professional registration with the Northern Ireland Social Care Council (NISCC) were maintained and valid.

Staff confirmed that they were further supported to deliver effective care through essential training courses. Records showed that eLearning courses included fundamental topics such as, fire safety, infection prevention and control (IPC), safeguarding, falls prevention, and Mental Capacity Act (NI) 2016. In addition to eLearning, staff confirmed that they attended face to face practical training sessions on topics such as basic life support and use of a defibrillator.

The duty rota accurately reflected the staff working in the home on a daily basis. The Manager's hours were stated on the duty rota and in the absence of the Manager a Senior Care Assistant (SCA) was appointed as being in charge of the home. Records showed that any SCA assuming charge of the home completed a competency and capabilities assessment which covered medication management, actions to take on a new referral, care planning, and multidisciplinary working. These competencies were reviewed annually by the Manager.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Staff said, "there is always enough staff on", "there is a lot to do but...good teamwork and atmosphere", and "we have a good team...everyone is clear on their responsibilities".

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. For example, some residents preferred to spend most of their day in their bedroom while others preferred to spend time in communal areas in the company of fellow residents.

Residents told us that staff were always available to them, "I just use the call bell and they always come", and "the girls are in and out all day doing things, helping, and tidying up." Residents described staff as, "first class", "the best", "lovely", "wonderful", "excellent", and "more than good".

## 5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of residents. In addition to a verbal handover of information staff explained that they also used a notice board within the staff only office to highlight key needs such as residents who required modified consistency of foods or fluids.

Staff were observed to be prompt in responding to residents' needs and were skilled in communicating with residents in a respectful and sensitive manner. Staff confirmed the importance of keeping each other up to date with any changing needs of residents throughout the day.

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 well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

There was evidence of appropriate onward referral to specialist services such as physiotherapy, occupational therapy, dietetics, and speech and language therapy (SALT), with the overall aim in promoting independence and preparing residents to return home with a package of care in the community. Review of records, observation of practices, and discussions with staff evidenced that specialist recommendations were appropriately followed.

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.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, resident areas were maintained clutter free, staff assisted residents with mobility, specialist aids such as rollators or walking frames were used, or where recommended some residents were provided with grab aids.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

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.

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 serving of lunch was observed and was a relaxing, social, and unhurried experience.

Residents were offered the choice of where they wished to sit, with some choosing to dine in their bedrooms and some choosing to join others in the dining room.



The menu provided two choices of meals, and the catering staff confirmed that if a resident did not like either choice on offer they could usually make an alternative meal of that resident's choosing.

The food looked and smelled appetising and all residents said that they thoroughly enjoyed the meal; "the food is first class", "fantastic", "delicious", and "excellent." Some residents told us about the Sunday dinners, "you should have been here on Sunday...a lovely roast", "special...three courses...wouldn't get that at home", "like a Christmas dinner...homemade desserts...plenty of choice".

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Residents spoke positively about the care provided in the home. It was evident that there was an ethos of recovery and promotion of independence as many residents talked about how much progress they had made since being discharged from hospital and moving to Rosedale for a period of rehabilitation, "they have helped me recover from my fracture", "I get to see the physio and OT here", and "they are working to get me home."

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, communal lounges, communal toilets and bathrooms, the dining room, corridors and storage spaces.

Doors leading to potential hazards such as medications or chemicals were appropriately locked and only accessible to staff using keypad codes.

The home was warm, clean, well lit, and free from malodours.

Fire safety measures were in place and managed to ensure residents', staff and visitors' safety. The most recent fire risk assessment had been conducted on 7 July 2022 and no recommendations had been made by the assessor. Corridors and fire exits were maintained free from obstruction and fire doors were correctly used.

Residents had access to an enclosed courtyard which was well maintained with a range of outdoor furniture, a water feature, and raised beds.

Residents' bedrooms were clean and contained items of interest to occupy residents such as magazines, books, radios, televisions, and knitting supplies. Bedrooms and communal rooms were adequately furnished and decorated.

The environment was clean and records were maintained of daily cleaning duties. Residents said that they were happy with the level of cleanliness and said that they observed staff cleaning and tidying on a daily basis.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, notices were erected around the home advising on hand hygiene practices and visitors were required to wear face coverings. Supplies of personal protective equipment were strategically placed around the home, 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 use of PPE and hand hygiene was regularly monitored by the Manager through auditing. The auditing system also monitored IPC in the environment and addressed any identified issues.

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

#### **5.2.4 Quality of Life for Residents**

Residents were well presented in their appearance and demeanour and told us that they were happy staying in Rosedale, with the overall aim being to rehabilitate to such a degree that they could move home with support in the community.

Residents said that as well as participating in rehabilitation activities such as exercises, they were able to choose how they spent their time. For example some residents said they enjoyed spending time in the company of others for social chats, while others enjoyed keeping up with hobbies such as knitting, puzzles, or reading.

It was observed that staff offered choices to residents 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 and how they wished to spend their time.

Residents were encouraged to share their thoughts and ideas about the running of the home and a suggestion box was available for anyone to use.

Visiting arrangements were in place with benefits for residents' physical, social, and emotional wellbeing. Residents confirmed that they could avail of visits in communal areas and that there were quiet lounges available, or they could enjoy visits in the privacy of their bedrooms.

Residents said that they were comfortable and well looked after, with one saying "it's nearly too good...I'll find it hard going home...I'm more than happy here."

#### **5.2.5 Management and Governance Arrangements**

Since the last inspection there had been no changes in the management arrangements of the home. Ms Geraldine Lyndsay was appointed Manager on 1 July 2021.

Staff were aware of who was in charge of the home at any given time. Discussion with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about resident care, staffs' 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. Accidents and incidents were notified to next of kin, Trust key worker, and if required RQIA.

A complaints policy was in place and a copy of this process was made available to residents and next of kin on admission to the home. Staff were trained in dealing with complaints.



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 aspects of the running of the home. The reports of these visits were complete and where improvements were required and action plan was put in place. A written record of this report was provided to the manager for action. These reports are available for review by residents, relatives, the commissioning Trust and RQIA.

Staff spoke positively about the management of the home and said that they would have no issues approaching management if they had any concerns. The Manager confirmed that they had additional support from the senior management team.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Geraldine Lyndsay, Manager, as part of the inspection process and can be found in the main body of the report.



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