

Inspection Report

24 October 2023



Rosedale

Type of service: Residential
Address: 100 Kilgreel Road, Antrim, BT41 1EH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Team (NHSCT)	Registered Manager: Ms Geraldine Lindsay – not registered
Responsible Individual: Ms Jennifer Welsh	
Person in charge at the time of inspection: Charlene Wright (9.00 am – 11.00 am) Geraldine Lindsay (11.00 am – 5.00 pm)	Number of registered places: 38
Residential Care (RC) I – Old age not falling within any other category PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered residential home which provides a stepdown service for residents following a stay in hospital. The home is on a 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 October 2023, from 10.00 am to 4.40 pm by a care inspector.

The inspection assessed progress 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.

The home was bright and welcoming, residents were seated in communal areas and staff were observed interacting with residents in a caring and compassionate manner. Residents bedrooms were kept clean, neat and tidy, clutter free.

Residents said that living in the home was a good experience, providing positive feedback about the care and support offered by staff.

It was established that staff promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager.

Areas requiring improvement were identified relating to pre-employment checks, duty rota's, Control of Substances Hazardous to Health (COSHH), fire safety and environmental audits.

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 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 spoken with provided positive feedback regarding their experiences in the home. One resident told us, "I'm well looked after." Another said, "they're all very good in here" about the staff. Residents told us there was always opportunities to engage in activities and that staff were supportive and respectful of their wishes. Another resident told us "all staff are so welcoming."

Staff spoken with told us they enjoyed working in the home and received good opportunities for training and support from the manager. Staff told us they "love" working in the home, reporting there is good team work.

No questionnaires were received from residents or relatives within the timeframes following the inspection. No staff completed the staff survey within the agreed timeframes.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 Rosedale was undertaken on 24 January 2023 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 evidence of pre-employment checks having been completed, these did not evidence a full employment history or gaps in employment. This was discussed with the manager and assurances were provided that a new pre-employment checklist is in place which includes the areas discussed. An area for improvement was identified.

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

The manager had a system in place to monitor and ensure staff were registered appropriately with the Northern Ireland Social Care Council (NISCC).

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. The duty rota did not always clearly evidence; staff's roles or the reference code used to reflect shift patterns. This was discussed with the manager and an area for improvement was identified.

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 told us that there was enough staff on duty to meet the needs of the residents.

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, staff were observed to be interacting and taking time to converse with residents to ensure they were comfortable, offering drinks and snacks at relevant intervals throughout the 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.

Residents told us staff were always available to offer help and support. One resident said, “there are plenty of girls available”, referring to the staff. Another resident told us, “it’s first class, never been in a place like this.”

Visiting professionals said, “staff are very helpful and supportive. They provided a good handover.”

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, 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 residents’ needs.

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 accurately 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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents’ needs and if required care staff consulted the District Nurse and followed the recommendations they made.

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

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 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 a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Corridors were kept clear and walkways were unobstructed. Communal areas were bright and welcoming and suitably decorated. Residents were seated comfortably in communal areas across the home and were observed to be engaging with staff in a comfortable manner.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were well decorated, suitably furnished,; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as newspapers, magazines, snacks and drinks available.

Residents commented about the upkeep and cleanliness of the environment and told us it was well maintained.

Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. One door was observed to be propped open on the day of inspection, this was addressed immediately by staff and an area for improvement was identified.

A cleaning product was observed in one of the communal bathrooms, this was removed immediately by staff and discussed with the manager. An area for improvement was identified.

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.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents also told us that they were encouraged to participate in activities, the activity schedule evidenced ongoing activities for example, quizzes, bat the balloon and music days. There was a quiz taking place at the time of inspection which residents responded well to, there was evidence of positive interactions and communication ongoing between residents and staff. Those residents who did not wish to engage in activities were supported to do so and had access to other forms of stimulation, for example, puzzles and magazines.

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 observed to be well presented, clean, neat and tidy, dressed appropriately for the time of year. Personal care was of a high standard.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Geraldine Lindsay has been the manager in this home since 1 September 2021 and plans are in place to process her application to register.

There was evidence that a robust 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.

The environmental audit was clear in identifying deficits and actions taken to address these, for example onward referral to the Northern Health and Social Care Trust (NHSCT) Estates Department. However, the audits did not always evidence that actions had been completed. A discussion took place with the manager to ensure environmental audits monitor the completion of actions within the agreed timeframes. Following the inspection, assurances were provided that remedial works on those areas identified had been taken. An area for improvement was identified.

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 Person in Charge, Roberta Preston was identified as the appointed 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.

Residents said that they knew how to report any concerns and said they were confident that the manager would respond to these appropriately.

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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.

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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Geraldine Lindsey, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2023</p>	<p>The registered person shall ensure the pre-employment checklist evidences a full and complete employment history, reasons for leaving and gaps in employment.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A pre-employment checklist has been implemented to include evidence of any gaps in an employment record.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the propping of the identified storeroom door is ceased immediately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been directed to refresh their training/knowledge in relation to Health and Safety as propping of doors is not permitted as per fire risk assessment and management plans.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that chemicals are not accessible to residents in any area of the home in keeping with COSHH legislation.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have been reminded of their responsibility in relation to COSHH . Manager has also re circulated the COSHH assessment for the identified product</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2023</p>	<p>The registered person shall ensure that the duty rota clearly identifies:</p> <ul style="list-style-type: none"> • The capacity in which each staff member works • If codes are used, a reference guide is made available • Amendments are made in relation to best practice guidelines <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Manager has made amendments in line with best practice guidance to include details in relation to staff positions and hours of employment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.0</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2023</p>	<p>The registered person shall ensure that the actions outlined on environmental audits are completed within a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Environmental audits have now been amended to include the evidence of any escalations that have been required. By doing this the manager can now easily evidence a timeline of events when required.</p>

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