



# Unannounced Care Inspection Report 25 July 2019



## Rosedale

**Type of Service: Residential Care Home**  
**Address: 100 Kilgreal Road, Antrim BT41 1EH**  
**Tel no: 02894429402**  
**Inspector: Bronagh Duggan**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which is registered to provide care for up to 38 residents within the categories of care as outlined in Section 3.0 of this report. The home provides care for short term periods of recovery and rehabilitation following hospital stays before residents return home or move onwards to a more permanent care placement. The home also provides periods of respite care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> NHSCT  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager and date registered:</b> Angela Denvir (acting)
<b>Person in charge at the time of inspection:</b> Ruth Preston upon arrival Angela Denvir from approximately 13.00 onwards	<b>Number of registered places:</b> 38
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 10.00 hours to 17.00 hours.

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.

Evidence of good practice was found in relation to staffing, induction, supervision and appraisal, infection prevention and control, information sharing, reviews, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation fire safety training for staff, the carpet in the main corridor of the home and review and updating an identified residents care plan.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Angela Denvir, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 23 January 2019**

The most recent inspection of the home was an unannounced care inspection undertaken on 23 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Nine completed questionnaires were returned by residents and/ or representatives. Respondents described their level of satisfaction with the care received in the home as "very satisfied" in all areas.

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

- staff duty rotas from 19 July 2019 to 1 August 2019
- staff training schedule and training records
- one staff induction record
- three residents' records of care
- complaint records
- compliment records
- NISCC registration information
- staff supervision and appraisal schedule
- minutes of staff meetings
- a sample of governance audits/records
- accident/incident records from January 2019 to July 2019

- a sample of reports of monthly monitoring reports from January to June 2019
- fire safety risk assessment
- fire safety checks
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 23 January 2019

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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.7  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of records maintained in the home showed findings from the consultation were collated into a summary report which was available to read.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

On arrival we observed the home was clean, comfortably heated and welcoming. Residents appeared well cared for and were appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents sat within the lounge watching TV, others relaxed in an alcove area, whilst others were relaxing in their bedrooms or attending the hairdressers.

The person in charge on arrival explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. Staff confirmed levels were adjusted according to the needs of the residents which can vary due to the short term nature of admissions to the home. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The person in charge confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. These had been viewed during a previous inspection and were satisfactory.

Residents spoken with confirmed staff were available to help when needed; residents also confirmed they were aware of how to call staff using the call bell system.

Recruitment records were not viewed during the inspection as the information is held centrally for the Trust. However, the induction record for the most recently recruited member of staff was viewed and found to be satisfactory. Staff spoken with said they received good support from the manager who was very approachable, and through the provision of supervision and annual appraisals. Information made available showed staff supervision and appraisals were maintained on an up to date basis.

The person in charge advised that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and recorded by way of a matrix that was regularly reviewed and updated. The matrix was available for review during the inspection and showed that it had been maintained on an up to date basis.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was generally maintained on an up to date basis; however, it was noted that there were a number of staff who had not completed fire safety training since early 2018. The need to ensure all staff complete fire safety training at least twice per annum was discussed with the manager. An area for improvement was identified.

The manager outlined the adult safeguarding champion arrangements for the home. The annual adult safeguarding position report for 2018 shall be reviewed during the next care inspection. Staff training in adult safeguarding was maintained on an up to date basis. Discussions with staff confirmed that they were aware of different types of abuse and signs of



abuse, and were able to describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed. The measures in place to minimise the risk of falls included, for example: fall risk assessments; the completion of rounding charts upon admission to the home and following any falls in the home; and input from trust occupational therapists regarding the provision of various aids and appliances to aid mobility as needed. The manager advised care reviews were undertaken on a weekly basis to assess residents' progress regarding their period of recovery/rehabilitation in the home. Any changes and improvements in mobility are closely monitored as the manager advised that often it can be as a result of a fall at home that residents come to be admitted to Rosedale. Three care records reviewed contained risk assessments and care plans with recorded measures in place to minimise the risk of falls.

An inspection of the home was undertaken. Residents' bedrooms were found to be clean, tidy and functional. All areas within the home including communal areas were observed to be comfortably heated, odour free and clean. It was noted the carpet in the main corridor area was faded and rippled in parts causing a trip hazard. This issue was discussed with the manager; an area for improvement was identified.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC). Hand hygiene audits were completed with staff on a regular basis; staff spoken with were aware of practices to be maintained to reduce or minimise the risk of infection.

Walkways throughout the home were kept clear; records showed fire safety checks were completed on a weekly basis. An up to date fire safety risk assessment was in place; the manager advised all recommendations had been actioned or were in the process of being actioned.

### **Areas of good practice**

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

### **Areas for improvement**

Two areas were identified for improvement in relation to staff training in fire safety and improving or replacing the carpet in the main corridor of the home.

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	0	2

## 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents' care records reviewed that risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management. Care plans had been completed to reflect the risk assessments. The care plans used were of a standard template completed to reflect the individual needs of residents. However, it was noted from discussions with a resident and review of assessment information that there was inadequate information included with regard to treating an identified resident's breathing condition. This issue was discussed with the manager; an area for improvement was identified. Records reviewed showed that care plans were updated on a weekly basis to reflect the progress and outcomes agreed at the weekly care review meetings as the residents' needs changed.

Review of records showed residents were weighed upon admission to the home. The manager advised residents would then be weighed on a monthly basis thereafter or more frequently depending on the residents' needs. Care records reviewed confirmed that speech and language therapist (SALT) guidance was in place for identified residents. Residents spoken with confirmed they were happy with the food provided; two residents shared that they would have preferred a greater variety to choose from. This issue was discussed with the manager who advised a choice is available each day and if residents do not like what is on the menu an alternative can be provided. Records available in the home confirmed this. The manager advised she would make this information clearer for residents who were unaware of an alternative option. Drinks were observed as being freely available in the home. Comments from residents included:

- "I can't complain about anything at all, everything is very good, the staff, the food is too good, my room is nice, it is all very good."
- "The quality of the care is excellent, the girls are so good, but it would be nice to have a bit more variety (with the food) it is very tasty, but it would be nice if there was more choice."

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu on display on the wall beside the door; the menu rotated on a three weekly basis. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised.

The front door to the home was open; restrictive practices in use in the home included alarm mats. If the use of an alarm mat was required this was reflected in the residents' risk assessments and care plans accordingly. Care plans reviewed were signed by residents and/or their representative as necessary.

There was good evidence of effective team work. Staff confirmed they were kept up to date with any changes. Staff said there was very good team work with few staff changes over the



years. Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held in May 2019; the manager advised the next staff meeting was planned for August 2019.

The manager explained review of residents' progress was ongoing on a weekly basis, and there were regular updates provided to staff from visiting professionals, including occupational therapists and district nurses. There was also the opportunity for residents to engage in daily rehabilitation therapy supported by rehab assistants in the home.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's manager was "very approachable".

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to information sharing, reviews, and communication between residents, staff and other key stakeholders.

### Areas for improvement

One area was identified for improvement in relation to the review and updating of an identified resident's care plan to reflect how to treat an identified breathing condition.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 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.**

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us, and appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance. This was evidenced from observations of staff interactions with residents, responses from residents about the care received and from completed questionnaire responses received from the inspection.

Staff described how they aim to promote residents' independence, for example, by way of encouragement and to help residents' condition improve throughout the duration of their stay in the home. Staff shared they experienced significant job satisfaction regarding seeing the

improvement with residents from when they were first admitted to the home until their discharge.

Comments received from residents included:

- “It’s fantastic here, it’s just brilliant. I keep telling people how good it is, I want to live here.”
- “It is exceptional here, we are spoilt, very well looked after.”
- “The staff are very helpful, I can’t complain about anything at all. I have all I need.”

Activities such as arts, crafts, church representative’s visits, nail art and hairdressing were available for residents. Staff shared the main focus of residents’ stays in the home was on their recovery and participation in rehabilitative therapy.

Comments received from completed questionnaires included:

- “I love the place and do not want to go home.”
- “Love staff, happy here, would be happy if I could stay.”
- “Do not have any complaint.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, 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
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

Staff in the home stated that they got good support from the manager who was supportive and approachable. The manager described the staff team as being committed and reliable with a focus on delivering a high quality of care to residents.

The manager advised the assessed needs of residents were met in accordance with the home’s statement of purpose, legislation and best practice guidance.

There had been a change in the management structure of the home since the previous inspection. Staff we spoke with advised continuity was maintained within the home during the changeover between managers and demonstrated good understanding of their roles and

responsibilities. The manager outlined the current management arrangements in place and advised the Trust were reviewing for more permanent arrangements.

The home retains a wide range of policies and procedures in place to guide and inform staff.

The manager explained that there were arrangements in place to ensure risk assessments and care records were reviewed on a regular basis.

Audits of accidents/incidents, NISCC registration, infection prevention and control, hand hygiene, and equipment in use were undertaken. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports from January to June 2019 confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and Minimum Care Standards.

The home had a complaints policy and procedure which reflected information in accordance with legislation and Department of Health and Social Service (DHSS) guidelines. Information was displayed in each bedroom to inform residents on how and to whom they can complain. We looked at the records of complaints since the last inspection; there had been no new complaints. A large number of compliments had been received from former residents and their representatives expressing words of thanks and gratitude as a result of their stay in the home.

There was evidence that information was shared with the staff team about any issues or changes arising in care delivery, for example, information regarding the International Dysphagia Diet Standardisation Initiative (IDDSI) was shared with the staff team and was used in the home for the benefit of residents. Review of staff training records also showed staff had completed mandatory and additional training, for example, in dysphagia awareness, delirium awareness and dementia.

Accident and incident records were maintained in the home and were reviewed on a monthly basis. Review of these records showed appropriate action had been taken as necessary and relevant bodies had been informed accordingly.

Staff spoken with were aware of the home's whistleblowing procedure and confirmed they would be comfortable in approaching management if they had any concerns.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Angela Denvir, acting 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time  <b>To be completed by:</b> 27 September 2019	<p>The registered person shall ensure all staff have training in fire precautions, to be taken or observed in the home, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least twice every year.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Fire training was completed by staff on 14.2.2019 and 1.5.2019, training record was filed in error in the wrong place and was not seen by inspector on day of inspection. All staff training is currently up to date.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 27 August 2019	<p>The registered person shall ensure the carpet in main corridor of the home is improved upon or replaced.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Carpet in the main corridor was deep cleaned on 20.7.2019. Funding for replacement flooring of the main corridor is on the waiting list for funding and will be further prioritised following this area for improvement notice.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 28 July 2019	<p>The registered person shall ensure the identified residents care plan is reviewed and updated to reflect clearly how to manage the identified breathing condition.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Residents care plan was updated to include management of the breathing condition including clarifying the management of inhalers.</p>

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



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