

# Unannounced Care Inspection Report 28 January 2021



## Rosedale

**Type of Service: Residential Care Home (RCH)**

**Address: 100 Kilgreel Road, Antrim, BT41 1EH**

**Tel No: 028 9442 9402**

**Inspector: John McAuley**

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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 residential care home registered to provide residential care for up to 38 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust  <b>Responsible Individual(s):</b> Jennifer Welsh	<b>Registered Manager and date registered:</b> Angela Denvir – Acting manager – no application required.
<b>Person in charge at the time of inspection:</b> Angela Denvir	<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>Number of residents accommodated in the residential home on the day of this inspection:</b> 7

### 4.0 Inspection summary

An unannounced inspection took place on 28 January 2021 from 09.50 to 14.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care Records
- fire safety
- governance and management.

Feedback from residents during this inspection was positive and complimentary about their experiences of life in the home.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4*

\*The total number of areas for improvement includes two standards which have been carried forward to the next care inspection.

Areas for improvement and 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records;

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with four residents and six staff.

The following records were examined during the inspection:

- duty rotas
- staff competency and capability assessment
- staff induction records
- professional registration records
- fire safety risk assessment
- fire safety records
- two care records
- a selection of quality assurance audits
- complaints records
- staff training records
- incident and accident records.

The findings of the inspection were provided to Angela Denvir, manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 16 December 2020. The previous care inspection was an unannounced inspection on 28 February 2020.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that the following issues in relation to accidents/incidents are addressed: <ul style="list-style-type: none"> <li>• Accidents/incidents entered in the Trust Datix system should be reviewed to identify any that should have been submitted to RQIA in accordance with RQIA's Statutory Notification of Incidents and Deaths guidance document dated September 2017. A retrospective notification should be submitted for any accidents/incidents not previously notified to RQIA.</li> <li>• RQIA's Statutory Notification of Incidents and Deaths guidance document should be shared with all staff responsible for submitting notifications to ensure compliance with the timescale set out in the regulations.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the accident and incident reports confirmed that appropriate reporting to RQIA had and has been put in place.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered person shall ensure that mandatory training requirements are met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of staff training records confirmed that mandatory training needs for staff were being met.	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the record of staff meetings confirmed that these have been put in place on a quarterly basis.	

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 31 <b>Stated:</b> Second time	The registered person shall ensure that medicines administration records in relation to external preparations are fully maintained.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered person shall ensure that: <ul style="list-style-type: none"> <li>• all updates on the personal medication records are verified and signed by two staff to ensure accuracy</li> <li>• when prescribed, oxygen is recorded on the personal medication records</li> <li>• when a medicine is self-administered this is clearly recorded</li> </ul>	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

## 6.2 Inspection findings

### 6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so. These assessments were in need of updating as they had not been reviewed for in an annual basis some considerable time. An area of improvement was made to address this. A record of staff induction was reviewed and found to have been completed appropriately.

It was reported by the manager that there have been no new staff recruited since the previous care inspection on 28 February 2020 as staffing in the home is very stable, with a low turnover of staff.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support, including supervisions and appraisals.

### **6.2.2 Safeguarding**

Staff stated they were confident in relation to their knowledge and understanding of the safeguarding policy and whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff training in safeguarding was in place on an up-to-date basis.

### **6.2.3 The home's environment**

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were tastefully furnished and clean. Communal areas were spacious and suitably maintained. Bathrooms and toilets were clean and hygienic.

The patio courtyard area of the home was well maintained.

### **6.2.4 Infection Prevention and Control**

Protocols were in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with respect to hand-washing and the use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand washing sanitising gel at the entrance of the home and throughout accessible areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

Social distancing with residents was in place as per their wishes and choice. Discussions with residents during this inspection confirmed that they were well informed of the protocols relating to the COVID-19 pandemic and that they felt supported by staff in regard to social activity.

### **6.2.5 Care delivery**

Residents were clearly comfortable and content in their environment and interactions with staff. Staff interactions with residents were polite, warm, friendly and supportive

Staff sought consent from residents when assisting them with personal care tasks by using statements such as "Would you like to..." or "How about ...". Staff were also seen to knock residents' bedroom doors and to seek permission of entry.

Residents voiced praise and gratitude for the standard of care provided to them, the kindness and support they received from staff and the provision of meals. Two residents discussed how their health and well-being had improved greatly since their stay in the home and were ready to return to living in their own homes. Some of the comments made included statements such as;

- “It’s a very good home here. The staff are all lovely and kind. That’s what makes it. I have no complaints or concerns.”
- “I couldn’t praise them (staff) enough. It’s been a really good stay here. I feel spoilt and thank every one of them for it.”
- “They are all very good to me here. No problems. I have all my comforts and the staff are very good.”

Care duties and tasks were organised and carried out in an unhurried and person centred manner. Staff demonstrated a good knowledge and understanding of residents’ needs and prescribed care interventions.

The lunch time meal was nicely presented and looked appetising with a range of meal choices.

### **6.2.6 Care records**

A sample of two residents’ care records were inspected on this occasion. These records were maintained in comprehensive detail. The records gave a holistic assessment of the resident on which the care plan and interventions were based. These details were clear and concise and had evidence of the resident and / or their representative being involved in this process, including input from aligned healthcare professionals.

Progress records were well written with good detail, including care / treatment given in response to issues of assessed need and effects of same.

### **6.2.7 Fire safety**

An area of improvement was made to submit a time bound action plan in regard to the three outstanding recommendations made from the most recent fire safety risk assessment.

Fire safety training and fire safety drills were found to be maintained on an up-to-date basis. Fire safety checks in the environment were also found to be maintained on an up-to-date basis.

### **6.2.8 Governance and management**

The home has a defined management structure. The NHSCT area manager has currently been redeployed to work within the home as its acting manager until this position is recruited.

Monthly monitoring visits and reports were not in place, due to implications associated with the COVID-19 pandemic. This has been identified as an area. Assurances were given at the time of this inspection that this would be promptly attended to.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction are taken seriously and responded to by the managed appropriately.



Staff training records were well maintained and contained evidence that staff mandatory training and additional training was up-to-date. There were systems in place to identify and address areas of training that needed updating with staff.

The accident and incident reports from 1 April 2020 to date of this inspection were inspected. These events were found to be managed appropriately and reported to the relevant stakeholders. Monthly audits of accidents and incidents to establish if there are any trends or patterns are carried out.

Quality assurance audits were available in relation to the professional registrations of staff, IPC practices, the environment and care records.

### Areas of good practice

Areas of good practice were found in relation to staffing, the upkeep and comfort of the environment, care practices observed and feedback from residents and staff.

### Areas for improvement

Three areas for improvement identified in relation to: competency and capability assessments, fire safety and monthly monitoring visits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

Residents were comfortable and content and care was delivered in a person centred manner. There was a compassionate atmosphere and ambience within the home. Staff duties and care practices were well organised with there was evidence of cohesive team working and positive morale. Three new areas for improvement were made and two areas for improvement were carried forward to the next care inspection.

## 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, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2021	<p>The registered person shall ensure that monthly monitoring visits are carried out by or on behalf of the registered provider and that records of these visits are maintained in accordance with legislation.</p> <p>Ref: 6.2.8</p>
	<p><b>Response by registered person detailing the actions taken:</b>          Monthly monitoring were completed up to November 2020 and resumed in January 2021 in accordance with regulation 29</p>
<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 31  <b>Stated:</b> Second time  <b>To be completed by:</b> 16 December 2020	<p>The registered person shall ensure that medicines administration records in relation to external preparations are fully maintained.</p> <p>Ref: 6.1 and 6.3.</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> 16 December 2020	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• all updates on the personal medication records are verified and signed by two staff to ensure accuracy</li> <li>• when prescribed, oxygen is recorded on the personal medication records</li> <li>• when a medicine is self-administered this is clearly recorded</li> </ul> <p>Ref: 6.1 and 6.3.</p>
	<p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2021</p>	<p>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 reviewed in a timely manner.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All senior care assistant competency and capability assessments have been reviewed and updated in the staff members files.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 29.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2021</p>	<p>The registered person shall submit a time bound action plan to the home's aligned RQIA estates inspector detailing how three outstanding recommendations from the most recent fire safety risk assessment will be addressed.</p> <p>Ref: 6.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> Estate services were contacted on the date of the inspection and confirmed in writing that in relation to the fire risk assessment which was updated on 16 July 2020 the emergency light testing was completed in August 2020 and that PAT testing was completed in September 2020.,</p>

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



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